| Fill in this information to identify your case: |  |                                    |
|---|--|------------------------------------|
| United States Bankruptcy Court for the :        |  |                                    |
| NORTHERNDistrict ofILLINOIS(State)              |  |                                    |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13 | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:           | Identify Yourself   |                            |   |
|-------------------|---|----------------------------|---|
|                   |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your           | full name   |                            |   |
| goveri<br>identif | the name that is on your<br>nment-issued picture<br>ication (for example,<br>river's license or | Otis First name  James     | First name                                    |
| passp             | ort).   | Middle name                | Middle name                                   |
| identif           | your picture<br>ication to your meeting<br>ne trustee.  | Whitten Last name          | Last name                                     |
| with              | ie irusiee.   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All ot         | her names you   |                            |   |
|                   | used in the last 8  | First name                 | First name                                    |
|                   | e your married or<br>n names.   | Middle name                | Middle name                                   |
|                   |   | Last name                  | Last name                                     |
|                   |   | First name                 | First name                                    |
|                   |   | Middle name                | Middle name                                   |
|                   |   | Last name                  | Last name                                     |
|                   | the last 4 digits of<br>Social Security   | xxx - xx - <u>3518</u>     | xxx - xx                                      |
| numb<br>Indivi    | er or federal<br>dual Taxpayer<br>fication number   | OR                         | OR  |
| identi            | ncation number  | <b>9</b> xx - xx           | <b>9</b> xx - xx                              |

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Case Number (if known) Document Otis Debtor 1 James First Name Middle Name Last Name

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names<br>and Employer<br>Identification Numbers | I have not used any business names or EINs.   | I have not used any business names or EINs.   |
|    | (EIN) you have used in the last 8 years                      | Business name   | Business name   |
|    | Include trade names and doing business as names              | Business name   | Business name   |
|    | · ·  | <u></u>   | EIN   |
|    |  | EIN   | EIN   |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:   |
|    |  | 9640 South University Ave Number Street   | Number Street   |
|    |  | Chicago IL 60628 City State ZIP Code  | City State ZIP Code   |
|    |  | соок  | <u> </u>  |
|    |  | County  | County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |  | Number Street   | Number Street   |
|    |  | P.O. Box  | P.O. Box  |
|    |  | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing this district to file for               | Check one:  | Check one:  |
|    | bankruptcy.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|    |  | have another reason. Explain.<br>(See 28 U.S.C. § 1408  | ☐I have another reason. Explain.<br>(See 28 U.S.C. § 1408   |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |

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Case Number (if known) Document Otis James Debtor 1 First Name Middle Name Last Name

| Pa  | Tell the Court About Your B   | Bankruptcy (  | Case   |   |   |  |  |
|-----|---|---|--|---|---|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |   | Bankruptcy (Form 20<br>ter 7<br>ter 11<br>ter 12   |   |   | equired by 11 U.S.C. § 342(b) for Individuals page 1 and check the appropriate box.  |  |
| 8.  | How you will pay the fee  | local yours subm with a  I need Appli I requ By lar less t pay tl | court for more delealf, you may pay witting your payme a pre-printed address of the pay the fee in cation for Individual lest that my fee bow, a judge may, be han 150% of the one fee in installment. | tails about how you with cash, cashier's nt on your behalf, yess.  In installments. If you als to Pay The Filir  waived (You may ut is not required to official poverty line ents). If you choose | u may   s chec your at  ou cho ng Fee  reque o, waiv that ap this o | Please check with the clerk's office in your pay. Typically, if you are paying the fee k, or money order. If your attorney is storney may pay with a credit card or check nose this option, sign and attach the in Installments (Official Form 103A).  The set this option only if you are filing for Chapter 7. We your fee, and may do so only if your income is opplies to your family size and you are unable to ption, you must fill out the Application to Have the B) and file it with your petition. |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ No □ Yes.   |  |   | hen   | Case Number  MM / DD / YYYY  Case Number  MM / DD / YYYY  Case Number  MM / DD / YYYYY   |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No<br>□ Yes.  | District   | Wi  | hen   | Relationship to you Case Number, if known  MM / DD / YYYY  Relationship to you Case Number, if known   |  |
| 11. | Do you rent your residence?   | ■ No.<br>□ Yes.   | residence?   | e 12.<br>Initial Statement Abou   |   | nt against you and do you want to stay in your viction Judgment Against You (Form 101A) and file it with   |  |

| Debto | Case 15-41333   | B Doc 1                             | Filed 12/07/15 Document  | Entered 12/07/15 14:49:54 Page 4 of 72  Case Number (if known)   | Desc Main        |
|-------|---|-------------------------------------|--|--|------------------|
|       | First Name  | Middle Name                         | Last Name  | · / —  |                  |
| Par   | t 3: Report About Any Busines   | ses You Own a                       | s a Sole Proprietor  |  |                  |
| 12.   | Are you a sole proprietor of any full- or part-time business?   |                                     | Go to Part 4.<br>Name and location of business   |  |                  |
|       | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as   | -<br>N                              | Name of business, if any   |  |                  |
|       | a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition.  | -<br>-                              | Number Street  |  |                  |
|       |   | -                                   | Dity   | State  | Zip Code         |
|       |   | (                                   | Check the appropriate box to d   | describe your business:  |                  |
|       |   |                                     | ☐ Health Care Business (as   | s defined in 11 U.S.C. § 101(27A))   |                  |
|       |   |                                     | ☐ Single Asset Real Estate   | (as defined in 11 U.S.C. § 101(51B))   |                  |
|       |   |                                     | ☐ Stockbroker (as defined in   | n 11 U.S.C. § 101(53A))  |                  |
|       |   |                                     | ☐ Commodity Broker (as de  | efined in 11 U.S.C. § 101(6))  |                  |
|       |   |                                     | ☐ None of the above  |  |                  |
| 13.   | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a small business  | appropriate balance she documents o | deadlines. If you indicate that<br>et, statement of operations, ca<br>do not exist, follow the procedu | ort must know whether you are a small business de you are a small business debtor, you must attach ash-flow statement, and federal income tax return fure in 11 U.S.C. § 1116(1)(B). | your most recent |
|       | debtor? For a definition of small   | _                                   | m not filing under Chapter 11.   |  |                  |
|       | business debtor, see<br>11 U.S.C. § 101(51D).   |                                     | m filing under Chapter 11, but l<br>Bankruptcy Code.   | I am NOT a small business debtor according to th   | e definition in  |
|       |   |                                     | m filing under Chapter 11 and ankruptcy Code.  | I am a small business debtor according to the def  | nition in the    |
| Par   | t 4: Report if You Own or Have  | e Any Hazardou                      | s Property or Any Property Tha   | t Needs Immediate Attention  |                  |
| 14.   | Do you own or have any property that poses or is alleged to pose a threat of imminent and indentifiable hazard to   | No.                                 | nat is the hazard?   |  |                  |
|       | public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | If                                  | immediate attention is needed  | , why is it needed?  |                  |
|       |   | W                                   | here is the property?  |  |                  |

City

State

ZIP Code

**James** 

Document

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Debtor 1

Otis

Middle Name

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

First Name

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ☐I ar | m not required | to rec  | eive a  | briefing | about |
|-------|----------------|---------|---------|----------|-------|
| cre   | dit counseling | g becai | use of: |          |       |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou | ιt |
|--|----|
| credit counseling because of:                |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case Number (if known) Document Otis James Debtor 1

Last Name

| Pa  | Answer These Questions  | for Reporting Purposes   |  |   |  |  |  |
|-----|---|--|--|---|--|--|--|
| 16. | What kind of debts do you have?   |  | consumer debts? Consumer debts are deprimarily for a personal, family, or household primarily for a personal primarily f | - · · · · · · · · · · · · · · · · · · ·                         |  |  |  |
|     |   |  | business debts? Business debts are debts estment or through the operation of the busines   | -   |  |  |  |
|     |   | No. Go to line 16c.  | sometic of all ought the operation of the business   | os or investment.   |  |  |  |
|     |   | Yes. Go to line 17.  |  |   |  |  |  |
|     |   | 16c. State the type of debts you o   | we that are not consumer debts or business d   | ebts.   |  |  |  |
| 17. | Are you filing under Chapter 7?   | No. I am not filing under Ch   | napter 7. Go to line 18.   |   |  |  |  |
|     | Do you estimate that after any exempt property is excluded and  |  | er 7. Do you estimate that after any exempt pes are paid that funds will be available to distrib   |   |  |  |  |
|     | administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | ∐Yes.  |  |   |  |  |  |
| 18. | How many creditors do   | ■ 1-49   | 1,000-5,000  | 25,001-50,000   |  |  |  |
|     | you estimate that you owe?  | □ 50-99<br>□ 100-199   | ☐ 5,001-10,000<br>☐ 10,001-25,000  | ☐ 50,001-100,000<br>☐ More than 100,000                         |  |  |  |
|     |   | 200-999  |  |   |  |  |  |
| 19. | How much do you   | \$0-\$50,000   | \$1,000,001-\$10 million   | \$500,000,001-\$1 billion                                       |  |  |  |
|     | estimate your assets to be worth?   | \$50,001-\$100,000<br>\$100,001-\$500,000  | ☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million   | □\$1,000,000,001-\$10 billion<br>□\$10,000,000,001-\$50 billion |  |  |  |
|     |   | \$500,001-\$1 million  | \$100,000,001-\$500 million  | ☐More than \$50 billion   |  |  |  |
| 20. | How much do you   | □ \$0-\$50,000   | □ \$1,000,001-\$10 million   | □\$500,000,001-\$1 billion                                      |  |  |  |
|     | estimate your liabilities   | \$50,001-\$100,000   | \$10,000,001-\$50 million  | \$1,000,000,001-\$10 billion                                    |  |  |  |
|     | to be?  | ■ \$100,001-\$500,000<br>□ \$500,001-\$1 million   | ☐ \$50,000,001-\$100 million ☐ \$100,000,001-\$500 million   | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion        |  |  |  |
| Pa  | rt 7: Sign Below  | <b>4</b> \$500,001-\$1 million   | □ \$100,000,001-\$300 Hillion  | Minore than \$50 billion  |  |  |  |
|     | you   | I have examined this petition, and correct.  | I declare under penalty of perjury that the info   | rmation provided is true and                                    |  |  |  |
|     |   |  | oter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chap   |   |  |  |  |
|     |   |  | did not pay or agree to pay someone who is nd read the notice required by 11 U.S.C. § 342(   | ·   |  |  |  |
|     |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |  |   |  |  |  |
|     |   | _  | ment, concealing property, or obtaining money in fines up to \$250,000, or imprisonment for upd 3571.  |   |  |  |  |
|     |   | /s/ Otis James Whitten   | <b>*</b>   | hun of Dobboo   |  |  |  |
|     |   | Signature of Debtor 1  | Signa  | ture of Debtor 2  |  |  |  |
|     |   | Executed on 12/02/2015   |  | ted on  |  |  |  |
|     |   | MM / DD  | / YYYY   | MM / DD / YYYY  |  |  |  |

First Name

Middle Name

| Debtor 1 | Otis                                     | James            | Document   | Page 7 of 72   |                                  | Desc Main                          |  |
|----------|--|------------------|--|--|----------------------------------|------------------------------------|--|
|          | First Name                               | Middle Name      | Last Name  | 0000 (10.1100.1)   |                                  |                                    |  |
| •        | r attorney, if you are<br>nted by one    | to proceed under | der Chapter 7, 11, 12, or 13 er each chapter for which the | nis petition, declare that I have inform<br>of title 11, United States Code, and I<br>person is eligible. I also certify that<br>and, in a case in which § 707(b)(4)(E | have explained<br>I have deliver | the relief<br>red to the debtor(s) |  |
| •        | re not represented<br>torney, you do not | knowledge aft    | er an inquiry that the informa                             | ation in the schedules filed with the p  | etition is incor                 | rect.                              |  |
| need to  | file this page.                          | x                | /s/ Lisa LaShaw  | n Haley Date   | Date:                            | 12/02/2015                         |  |
|          |  | Signatur         | e of Attorney for Debtor                                   |  | MM /                             | DD / YYYY                          |  |
|          |  | Lisa La          | aShawn Haley   |  |                                  |                                    |  |
|          |  | Printed r        | name   |  |                                  |                                    |  |

Geraci Law L.L.C.

Number Street

55 E. Monroe St., #3400

Contact Phone 312-332-1800

Firm name

Chicago City

6307614

Bar number

60603

IL

State

State

ZIP Code

Email address \_\_ndil@geracilaw.com

|                          |                     |                                     | Sodament                      | 0.00 |
|--------------------------|---------------------|-------------------------------------|-------------------------------|------|
| Fill in this in          | nformation to iden  | tify your case:                     |                               |      |
|                          |                     |                                     |                               |      |
| Debtor 1                 | Otis                | James                               | Whitten                       |      |
|                          | First Name          | Middle Name                         | Last Name                     |      |
| Debtor 2                 |                     |                                     |                               |      |
| (Spouse, if filing)      | First Name          | Middle Name                         | Last Name                     |      |
| United States            | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of | F_ <u>ILLINOIS</u><br>(State) |      |
| Case Numbe<br>(If known) | r                   |                                     |                               |      |

## Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets   |                                      |
|---|--------------------------------------|
|   | Your assets<br>Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | <u> </u>                             |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$ 514,294                           |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$ 514,294                           |
|   |                                      |
| Summarize Your Liabilities  |                                      |
|   | Your liabilities<br>Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$341,883                            |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0                                  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$69,522                             |
|   |                                      |
| Part 3: Summarize Your Liabilities  |                                      |
| 4. Schedule I: Your Income (Official Form 106I)   | \$6,273.23                           |
| Copy your combined monthly income from line 12 of Schedule I  |                                      |
| Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J   | \$4,847.26                           |

Case 15-41333 Doc 1 Filed 12/07/15 Entered 12/07/15 14:49:54 Desc Main Page 9 of 72 Document Otis Debtor 1 James Whitten Case Number (if known) \_ First Name Middle Name Last Name **EntriesDescription** <u>AssetsAmount</u> **LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$5,180.23 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0.00

\$ 0.00

\$ 0.00

\$<u>0</u>.00

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

| Case 1                           | に 41222<br>entify your case | Doc 1         | Filed 12/07/15  | 7/15 14:49:54                    | Desc                      | Main                 |              |
|----------------------------------|-----------------------------|---------------|---|----------------------------------|---------------------------|----------------------|--------------|
| Debtor 1 Otis                    | .1                          | ames          | Whitten   |                                  |                           |                      |              |
| Debtor 1 Ous First Name          |                             | ddle Name     | Last Name   |                                  |                           |                      |              |
| Debtor 2                         |                             |               |   |                                  |                           |                      |              |
| (Spouse, if filing) First Name   | Mic                         | ddle Name     | Last Name   |                                  |                           |                      |              |
| United States Bankruptcy Court f | or the : <u>NORTI</u>       | HERN District | of <u>ILLINOIS</u>  |                                  |                           |                      |              |
| Case Number                      |                             |               | (State)   |                                  |                           | Check if th          | is is an     |
| (If known)                       |                             |               |   |                                  |                           | amended f            | iling        |
| official Form 108                |                             |               |   |                                  |                           |                      |              |
| -                                |                             |               |   |                                  |                           |                      |              |
| chedule A/B: Pr                  | operty                      |               |   |                                  |                           |                      | 12/1         |
| . Do you own or have any le      |                             |               | her Real Esate You Own or Have an Interest In any residence, building, land, or similar property? |                                  |                           |                      |              |
| No.                              |                             |               |   |                                  |                           |                      |              |
| Yes. Describe                    |                             |               | What is the property? Check all that apply.   | Do not deduct                    | secured clair             | ns or exempti        | ons Put      |
| 9646 S. University Ave           |                             |               | Single-family home  | the amount of                    | any secured               | claims on Scl        | nedule D:    |
| Street address, if available, or | other description           |               | Duplex or multi-unit building   | Creditors Who                    | Have Claims               | s Securea by         | Property     |
|                                  |                             |               | Condominium or cooperative  | Current value                    |                           |                      | alue of the  |
|                                  |                             |               | Manufactured or mobile home   | entire proper                    | ty?                       | portion ye           | ou own?      |
| Chicago                          | IL                          | 60628         | Land  | \$                               | 89,385.00                 | \$                   | 89,385.0     |
| City                             | State                       | ZIP Code      | Investment property   |                                  |                           |                      |              |
|                                  |                             |               | Timeshare   | Describe the                     | -                         |                      |              |
| County                           |                             |               | Other   | interest (such<br>the entireties |                           | •                    |              |
|                                  |                             |               | Who has an interest in the property? Check one.   |                                  |                           | rtaty, ii kilov      | <b>*</b> 11. |
|                                  |                             |               | Debtor 1 only   | Debtor's Rent                    | aı<br>                    |                      |              |
|                                  |                             |               | Debtor 2 only   | Chock if                         | this is a cou             | mmunity nr           | onortv       |
|                                  |                             |               | Debtor 1 and Debtor 2 only  | (see instr                       | this is a cor<br>uctions) | illiumity pr         | operty       |
|                                  |                             |               | At least one of the debtors and another   |                                  |                           |                      |              |
|                                  |                             |               | Other information you wish to add about this item property identification number:                 | , such as local                  |                           |                      |              |
|                                  |                             |               | What is the property? Check all that apply.   | Do not do dust                   | nonured al-:-             | no or over-          | 5.4          |
| 0640 S. University Ave           |                             |               | p. eperty . Shook all that apply.   | Do not deduct                    | secured clain             | us or exempti        |              |
| 9640 S. University Ave           |                             |               | Single-family home  | the amount of                    | any secured               |                      |              |
| Street address, if available, or | other description           |               | Single-family home  Duplex or multi-unit building   | the amount of<br>Creditors Who   | •                         | claims on <i>Scl</i> | nedule D:    |

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

entire property?

Debtor's Residence

108,200.00

Describe the nature of your ownership

interest (such as fee simple, tenancy by the entireties, or a life estat), if known.

portion you own?

108,200.00

Who has an interest in the property? Check one.

Manufactured or mobile home

Investment property
Timeshare

Debtor 1 only

Debtor 2 only

Other \_

Chicago

City

County

IL

State

60628

ZIP Code

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Doc 1

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Otis First Name

|   |  |  | What is the property? Check all that apply.             | Do not deduct secured claims or exemptions. Put |
|---|--|--|---|---|
| 9710 S. Dobson  |  |  | Single-family home                                      | the amount of any secured claims on Schedule D: |
| treet address, if available, or   | other description                                  |  | Duplex or multi-unit building                           | Creditors Who Have Claims Secured by Property   |
|   |  |  | Condominium or cooperative                              | Current value of the Current value of the       |
|   |  |  | Manufactured or mobile home                             | entire property? portion you own?               |
| Chicago   | IL   | 60628                                    | Land  | <b>\$</b> 112,690.00 <b>\$</b> 112,690.0        |
| City  | State  | ZIP Code                                 | Investment property                                     |   |
|   |  |  | Timeshare   | Describe the nature of your ownership           |
| County  |  |  | Other   | interest (such as fee simple, tenancy by        |
|   |  |  | Who has an interest in the property? Check one.         | the entireties, or a life estat), if known.     |
|   |  |  | Debtor 1 only   | Debtor's Rental                                 |
|   |  |  | Debtor 2 only   |   |
|   |  |  | Debtor 1 and Debtor 2 only                              | Check if this is a community property           |
|   |  |  | At least one of the debtors and another                 | (see instructions)                              |
|   |  |  | Other information you wish to add about this item, such | ch as local                                     |
|   |  |  | property identification number:                         |   |
|   |  |  | What is the property? Check all that apply.             | Do not deduct secured claims or exemptions. Put |
| 10844 S. King Dr.   |  |  | Single-family home                                      | the amount of any secured claims on Schedule D: |
| treet address, if available, or   | other description                                  |  | Duplex or multi-unit building                           | Creditors Who Have Claims Secured by Property   |
|   |  |  | Condominium or cooperative                              | Current value of the Current value of the       |
|   |  |  | Manufactured or mobile home                             | entire property? portion you own?               |
| Chicago   | IL   | 60628                                    | Land  | <b>s</b> 193,000.00 <b>s</b> 193,000.           |
| City  | State  | ZIP Code                                 | nvestment property                                      | <u> </u>  |
|   |  |  | Timeshare   | Describe the nature of your ownership           |
| County  |  |  | Other   | interest (such as fee simple, tenancy by        |
|   |  |  | Who has an interest in the property? Check one.         | the entireties, or a life estat), if known.     |
|   |  |  | Debtor 1 only   | Debtor's Rental                                 |
|   |  |  | Debtor 2 only   |   |
|   |  |  | Debtor 1 and Debtor 2 only                              | Check if this is a community property           |
|   |  |  | At least one of the debtors and another                 | (see instructions)                              |
|   |  |  | Other information you wish to add about this item, such | ch as local                                     |
|   |  |  | property identification number:                         |   |
|   |  | s for all of vo.                         | antrice for Port 4 including any antrice for name       |   |
| d the dellar value of the   | portion you own                                    | =  |   | > \$503,275.                                    |
| d the dollar value of the լ<br>ս have attached for Part ։   | 1. Write that nu                                   |  |   |   |
| -   | 1. Write that nu                                   |  |   |   |
| -   | 1. Write that nu                                   |  |   |   |
| -   | 1. Write that nu                                   |  |   |   |
| u have attached for Part  |  |  |   |   |
| u have attached for Part  |  |  |   |   |
| Describe Your Velou own, lease, or have leg   | ehicles<br>gal or equitable i                      | interest in an                           | y vehicles, whether they are registered or not? Include |   |
| Describe Your Very own, lease, or have leg win that someone else driv                             | ehicles<br>gal or equitable i<br>ves. If you lease | <b>interest in an</b><br>a vehicle, also | o report it on Schedule G: Executory Contracts and Unex |   |
| Describe Your Velou own, lease, or have leg wn that someone else drivars, vans, trucks, tractors  | ehicles<br>gal or equitable i<br>ves. If you lease | <b>interest in an</b><br>a vehicle, also | o report it on Schedule G: Executory Contracts and Unex | -   |
| Describe Your Velou own, lease, or have leg wn that someone else driv ars, vans, trucks, tractors | ehicles<br>gal or equitable i<br>ves. If you lease | <b>interest in an</b><br>a vehicle, also | o report it on Schedule G: Executory Contracts and Unex |   |
| Describe Your Velou own, lease, or have leg wn that someone else drivars, vans, trucks, tractors  | ehicles<br>gal or equitable i<br>ves. If you lease | <b>interest in an</b><br>a vehicle, also | o report it on Schedule G: Executory Contracts and Unex |   |
| Describe Your Velou own, lease, or have leg wn that someone else driv ars, vans, trucks, tractors | ehicles<br>gal or equitable i<br>ves. If you lease | <b>interest in an</b><br>a vehicle, also | o report it on Schedule G: Executory Contracts and Unex | -   |
| Describe Your Velou own, lease, or have leg wn that someone else driv ars, vans, trucks, tractors | ehicles<br>gal or equitable i<br>ves. If you lease | <b>interest in an</b><br>a vehicle, also | o report it on Schedule G: Executory Contracts and Unex | -   |

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First Name Middle Name

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| Part 2:      | Describe Your Vehicles                          |                        |   |                            |                    |   |               |
|--------------|---|------------------------|---|----------------------------|--------------------|---|---------------|
| -            |   | -                      | ny vehicles, whether they are registered or not? Include or eport it on Schedule G: Executory Contracts and Une | -                          |                    |   |               |
| 03. Cars, va |   | utility vehicles, moto | orcycles  |                            |                    |   |               |
| Ye           | s. Describe Make:  Model:                       | Buick<br>Regal         | Who has an interest in the property? Check one.  Debtor 1 only  | the amount                 | of any secured o   | ns or exemptions. It is claims on Schedules Secured by Prope    | e D:          |
|              | Year: Approximate Mileage:                      | 1998                   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another                                | Current val                | ue of the<br>erty? | Current value portion you or                                    | of the<br>wn? |
|              | Other information:                              |                        | Check if this is community property (see instructions)  | \$                         | 500.00             | \$  | 500.00        |
|              | Make:<br>Model:                                 | Oldsmobile Cutlass     | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only                                   | the amount                 | of any secured of  | ns or exemptions. I<br>claims on Schedule<br>Secured by Prope   | e D:          |
|              | Year:  Approximate Mileage:  Other information: | 200,000.00             | Debtor 1 and Debtor 2 only  At least one of the debtors and another   | Current val<br>entire prop |                    | Current value portion you or                                    |               |
|              |   |                        | Check if this is community property (see instructions)  |                            |                    |   |               |
|              | Make:<br>Model:                                 | Dodge<br>Ram           | Who has an interest in the property? Check one.  Debtor 1 only  | the amount                 | of any secured of  | ns or exemptions. I<br>claims on Schedule<br>: Secured by Prope | e D:          |
|              | Year: Approximate Mileage:                      | 1985                   | Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and another                               | Current val                |                    | Current value portion you or                                    |               |
|              | Other information:                              |                        | Check if this is community property (see instructions)  | \$                         | 500.00             | \$  | 500.00        |
|              | Make:<br>Model:                                 | Toyota Camry           | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only                                   | the amount                 | of any secured of  | ns or exemptions. I<br>claims on Schedule<br>s Secured by Prope | e D:          |
|              | Year:  Approximate Mileage:  Other information: | 200,000.00             | Debtor 1 and Debtor 2 only  At least one of the debtors and another   | Current val<br>entire prop |                    | Current value portion you or                                    |               |
| 04 Waterer   |   | ATVs and other reco    | Check if this is community property (see instructions)  |                            |                    |   |               |
| Example      | es: Boats, trailers, motors, pers               |                        | essels, snowmobiles, motorcycle accessories   |                            |                    |   |               |

| Make:                | Who has an interest in the property? Check one.  Debtor 1 only | Do not deduct secured cla                             |                    |
|----------------------|--|---|--------------------|
| Model:               | Debtor 2 only  | Creditors Who Have Clain                              |                    |
| Year:                | Debtor 1 and Debtor 2 only                                     | Current value of the                                  | Current value of t |
| Approximate Mileage: | At least one of the debtors and another                        | entire property?                                      | portion you own?   |
| Other information:   | _  | \$  | \$                 |
|                      | Check if this is community property (see instructions)         |   |                    |
| Make:                | Who has an interest in the property? Check one.                | Do not deduct secured cla                             |                    |
| Model:               | Debtor 1 only  | the amount of any secured<br>Creditors Who Have Clain |                    |
| Year:                | Debtor 2 only  | Current value of the                                  | Current value of   |
| Approximate Mileage: | Debtor 1 and Debtor 2 only                                     | entire property?                                      | portion you own?   |
|                      | At least one of the debtors and another                        | ¢   | \$                 |
| Other information:   | Check if this is community property (see                       | Φ   | Φ                  |
|                      | instructions)  |   |                    |
|                      |  |   |                    |
|                      |  |   |                    |
|                      |  |   |                    |
|                      |  |   |                    |
|                      |  |   |                    |
|                      |  |   |                    |

\$ 2,099

5. Add the dollar value of the portion you own for all of your entries fro Part 2, including any entries for pages

you have attached for Part 2. Write that number here ----

Otis

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Doc 1

Desc Main

0.00

\$1,100.00

First Name **Describe Your Personal and Household Items** Part 3: Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions 06. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No. Describe..... Yes. Major appliances, furniture, linens, kitchenware \$1,000 1,000.00 07. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No. Yes. Describe..... 0.00 08. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No. Yes. Describe..... 0.00 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Yes. Describe..... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Describe..... 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No. Yes. Describe Everyday clothes, shoes, accessories \$100 100.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... 0.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Yes. Describe..... 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list Yes. Describe.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here -----

Otis

No. Yes.

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First Name **Describe Your Financial Assets** Part 4: Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes. Describe..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No. Describe..... Account Type: Institution name: Yes. Checking Account Fifth Third bank 70.00 US Bank 250.00 Savings Account Checking Account US Bank 3,000.00 US Bank Savings Account 500.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No. Describe..... Institution or issuer name: Yes. 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in

Describe..... Name of Entity and Percent of Ownership:

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Last Name

Desc Main

First Name Middle Name

| 20. | Negotiable i | nstruments includ                | e bonds and other negotiable and non<br>le personal checks, cashiers' checks, promiss<br>re those you cannot transfer to someone by s | ory notes, and money orders.                     |          |
|-----|--------------|----------------------------------|---|--|----------|
|     | Yes.         | Describe                         | Issuer name:  |  | œ.       |
|     |              |                                  |   |  | \$<br>\$ |
|     |              |                                  |   |  | \$       |
| 21. |              | or pension aconterests in IRA, E |   | counts, or other pension or profit-sharing plans | ·        |
|     | Yes.         | Describe                         | Type of account and Institution name: Pension plan  | Employer Pension                                 | \$0.00   |
| 22. | Your share   | greements with la                | payments posits you have made so that you may continue andlords, prepaid rent, public utilities (electric,                            |  |          |
|     | Yes.         | Describe                         | Institution name or individual: Electric:   |  | \$       |
|     |              |                                  | Gas:  |  | \$       |
|     |              |                                  | Heating oil:  |  | \$       |
|     |              |                                  | Security deposit on rental unit:  |  | \$       |
|     |              |                                  | Prepaid rent:   |  | \$       |
|     |              |                                  | Telephone:  |  | \$       |
|     |              |                                  | Water:  |  | \$       |
|     |              |                                  | Rented furniture:   |  | \$       |
| 23. | Annuities (A | A contract for a                 | a periodic payment of money to you, e   | ither for life or for a number of years)         |          |
|     | Yes.         | Describe                         | Issuer name and description:  |  | \$       |
|     |              |                                  |   |  | \$       |
|     |              |                                  |   |  | \$       |
|     |              |                                  |   |  |          |

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First Name

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| 24. Interests in an education IRA, in an account in a qualified ABLE program, or un 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | der a qualified state tuition program.   |
|--|--|
| Yes. Describe Institution name and description. Separately file the rec  | ords of any interests.11 U.S.C. § 521(c):  |
|  | \$<br>\$   |
| 25. Trusts, equitable or future interests in property (other than anything listed in lin   | e 1), and rights or powers   |
| Yes. Describe  | \$   |
| 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreement  No. | ats  |
| Yes. Describe  | \$\$   |
| 27. Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses.  No.                     | ses, professional licenses   |
| Yes. Describe  | \$ <u>0.0</u> 0  |
|  |  |
| Money or property owed to you?   | Current value of the portion you own?  Do not deduct secured claims or exemptions                                    |
| 28. Tax refunds owed to you  | portion you own?  Do not deduct secured claims   |
|  | portion you own?  Do not deduct secured claims   |
| 28. Tax refunds owed to you No.  | portion you own?  Do not deduct secured claims or exemptions  \$   |
| 28. Tax refunds owed to you  No.  Yes. Describe  29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divor                      | portion you own?  Do not deduct secured claims or exemptions  \$   |
| 28. Tax refunds owed to you  No.  Yes. Describe  29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divor                      | portion you own? Do not deduct secured claims or exemptions  \$ 0.00  ce settlement, property settlement  \$ Unknown |

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Desc Main

0.00

31. Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No. Company Name & Beneficiary: Yes Describe..... Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's \$0 insurance 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No. Yes. Describe..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. Yes. Describe..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights No. Yes. Describe..... 0.00 35. Any financial assets you did not already list No. Describe..... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3,820.00 for Part 4. Write that number here ..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5 37. Do you own or have any legal or equitable interest in any business-related property? No. Yes. Current value of the portion you own? Do not deduct secured claims or exemptions 38. Accounts receivable or commissions you already earned Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No. Describe.....

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| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade                      |              |
|--|--------------|
| Yes. Describe  | s 0.00       |
| 41. Inventory  |              |
| No.  Yes. Describe   |              |
|  | \$0.00       |
| 42. Interests in partnerships or joint ventures  |              |
| No. Name of Entity and Percent of Ownership:   |              |
| Yes. Describe  | \$ 0.00      |
| 43. Customer lists, mailing lists, or other compilations   |              |
| No.  |              |
| Yes. Describe  | \$ 0.00      |
| 44. Any business-related property you did not already list   |              |
| No.  |              |
|  |              |
| Yes. Describe  | \$0.00       |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached |              |
| for Part 5. Write that number here   | \$ 0.00      |
| TOT Part 5. Write that number here   | <del>\</del> |
|  |              |
|  |              |
|  |              |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.             |              |
| If you own or have an interest in farmland, list it in Part 1.   |              |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?    |              |
| No.  |              |
| Yes. Describe  |              |
| 47. Farm animals   |              |
| Examples: Livestock, poultry, farm-raised fish   |              |
| No.  |              |
| Yes. Describe  |              |
|  | \$ 0.00      |

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| 48. Crops—either growing or harvested  No.   |             |               |
|--|-------------|---------------|
| Yes. Describe  |             | \$ 0.00       |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trace.   | de          |               |
| Yes. Describe  |             | \$ 0.00       |
| 50. Farm and fishing supplies, chemicals, and feed No.   |             |               |
| Yes. Describe  |             | \$0.00        |
| 51. Any farm- and commercial fishing-related property you did not already list   |             |               |
| Yes. Describe  |             | \$0.00        |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for for Part 6. Write that number here    |             | \$0.00        |
| Describe All Property You Own or Have an Interest in That You Did Not Li   | ist Above   |               |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No. |             |               |
| Yes. Describe  |             | \$0.00        |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here  | >           | \$0.00        |
| Part 8: List the Totals of Each Part of this Form  |             |               |
| 55. Part 1: Total real estate, line 2  |             | \$ 503,275.00 |
| 56. Part 2: Total vehicles, line 5   | \$ 2,099.00 |               |
| 57. Part 3: Total personal and household items, line 15  | \$ 1,100.00 |               |
| 58. Part 4: Total financial assets, line 36  | \$ 3,820.00 |               |
| 59. Part 5: Total business-related property, line 45   | \$ 0.00     |               |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$ 0.00     |               |
| 61. Part 7: Total other property not listed, line 54   | \$ 0.00     |               |
| 62. Total personal property. Add lines 56 through 61   | \$ 7,019.00 | \$ 7,019.00   |
| 63. <b>Toal of all property on Schedule A/B.</b> Add line 55 + line 62   |             | \$510,294.00  |

| Fill in this in     | formation to ident   | tify your case:                     |                 |
|---------------------|----------------------|-------------------------------------|-----------------|
| Debtor 1            | Otis                 | James                               | Whitten         |
|                     | First Name           | Middle Name                         | Last Name       |
| Debtor 2            |                      |                                     |                 |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name       |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | r                    |                                     |                 |
| (If known)          |                      |                                     |                 |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify           | the Property You Claim as Exempt   |                                      |   |                                    |  |  |  |
|----------------------------|--|--------------------------------------|---|------------------------------------|--|--|--|
| 1. Which set of exer       | mptions are you claiming? Check  | one only, even if your spo           | ouse is filing with you.  |                                    |  |  |  |
| You are claim              | ing state and federal nonbankrupto   | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                    |  |  |  |
| You are claim              | ing federal exemptions. 11 U.S.C.  | § 522(b)(2)                          |   |                                    |  |  |  |
|                            |  |                                      |   |                                    |  |  |  |
| 2. For any property        | you list on Schedule A/B that you  | u claim as exempt, fill in t         | the information below.  |                                    |  |  |  |
|                            | of the property and line on at lists this property   | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |  |  |  |
|                            |  | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                    |  |  |  |
|                            | 9640 S. University Ave Chicago IL<br>60628   | \$_108,200                           | \$15,000  | 735 ILCS 5/12-901                  |  |  |  |
| Line from                  |  |                                      | 100% of fair market value, up to                                |                                    |  |  |  |
| Schedule A/B:              | 01   |                                      | any applicable statutory limit                                  |                                    |  |  |  |
| Brief description:         | Buick,Regal,1998,100,000.00  | \$ 500                               | Пе  | 735 ILCS 5/12-1001(b)              |  |  |  |
| description.               |  | φ                                    | <b>_</b>  |                                    |  |  |  |
| Line from<br>Schedule A/B: | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
| Brief                      | Dodge,Ram,1985,100,000.00  |                                      | . , , , , ,   | 735 ILCS 5/12-1001(b)              |  |  |  |
| description:               |  | \$_500                               | \$  |                                    |  |  |  |
| Line from                  |  |                                      | 100% of fair market value, up to                                |                                    |  |  |  |
| Schedule A/B:              | 03   |                                      | any applicable statutory limit                                  |                                    |  |  |  |
| 3. Are you claiming        | 3. Are you claiming a homestead exemption of more than \$155,675?  |                                      |   |                                    |  |  |  |
| , ,                        | (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .) |                                      |   |                                    |  |  |  |
| No.                        |  |                                      |   |                                    |  |  |  |
| Yes. Did you a             | acquire the property covered by the  | e exemption within 1,215 c           | days before you filed this case?                                |                                    |  |  |  |
| □No                        |  |                                      |   |                                    |  |  |  |
|                            |  |                                      |   |                                    |  |  |  |
| Official Form 106C         | Record # 675613  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 3                        |  |  |  |

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Debtor 1 Otis

First Name

Middle Name

Last Name

|                            | n of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|----------------------------|---|--------------------------------------|---|------------------------------------|
|                            |   | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                    |
| Brief description:         | Oldsmobile,Cutlass,1989,200,000.0<br>0                | <u>\$</u> 500                        | <b></b> \$  | 735 ILCS 5/12-1001(b)              |
| Line from<br>Schedule A/B: | 03  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Toyota,Camry,1999,200,000.00                          | \$_599                               | \$_2,400  | 735 ILCS 5/12-1001(c)              |
| Line from<br>Schedule A/B: | 03  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Major appliances, furniture, linens, kitchenware      | \$_1,000                             | <b></b> \$  | 735 ILCS 5/12-1001(b)              |
| Line from<br>Schedule A/B: | 06  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Everyday clothes, shoes, accessories                  | \$ <u>100</u>                        | <b></b>   | 735 ILCS 5/12-1001(a),(e)          |
| Line from<br>Schedule A/B: | <u>11</u>   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Checking Account, Fifth Third bank, 70.00             | \$ <u>70</u>                         | \$  | 735 ILCS 5/12-1001(b)              |
| Line from<br>Schedule A/B: | _17   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Savings Account, US Bank, 250.00                      | \$ <u>250</u>                        | \$  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B:    | 17  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | Savings Account with US Bank                          | \$_500                               |   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B:    | 17  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:         | Checking Account, US Bank, 3,000.00                   | \$_3,000                             | \$ _ 180  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B:    | 17  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Schedule A/B:              |   |                                      | any applicable statutory limit                                  |                                    |
|                            |   |                                      |   |                                    |
|                            |   |                                      |   |                                    |

Debtor 1 Otis James Document Page 23 of 72 Case Number (if known)

Last Name

Middle Name

**Additional Page** Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B Brief Checking Account, US Bank, 735 ILCS 5/12-1001(b) \$ 500 description: 4,000.00 \$ 4,000 Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1006 Brief Pension plan, Employer Pension, Unknown description: 100% of fair market value, up to Line from 21 any applicable statutory limit Schedule A/B: 675613 Official Form 106C Record # Schedule C: The Property You Claim as Exempt Page 3 of 3

| Fill in this in                 | Caso 15                        |                          | c 1   | Entered 12/07/15 1                 | .4:49:54                        | Desc Main                     |                          |
|---------------------------------|--------------------------------|--------------------------|---|------------------------------------|---------------------------------|-------------------------------|--------------------------|
| FIII III UIIS III               | normation to ider              | itily your case.         |   | 4 of 72                            |                                 |                               |                          |
| Debtor 1                        | Otis                           | James                    | Whitten   |                                    |                                 |                               |                          |
|                                 | First Name                     | Middle Name              | Last Name   |                                    |                                 |                               |                          |
| Debtor 2<br>(Spouse, if filing) | First Name                     | Middle Name              | Last Name   |                                    |                                 |                               |                          |
| United States                   | Bankruptcy Court fo            | or the : <u>NORTHERN</u> | District of <u>ILLINOIS</u>   |                                    |                                 |                               |                          |
| Case Number                     | r                              |                          | (State)   |                                    |                                 | Check if this                 | s is an                  |
| (If known)                      |                                |                          |   |                                    |                                 | amended fi                    | ling                     |
| Official F                      | orm 106D                       |                          |   |                                    |                                 |                               |                          |
| Schedule                        | D: Credito                     | rs Who Have              | Claims Secured by P   | roperty                            |                                 |                               | 12/1                     |
| nformation. If r                | more space is nee              |                          | ied people are filing together, both<br>onal Page, fill it out, number the en<br>if known). |                                    |                                 | ny                            |                          |
|                                 | •                              | s secured by your pro    | •   |                                    |                                 |                               |                          |
| ☐ No. Ch                        | neck this box and              | submit this form to the  | court with your other schedules. Yo   | u have nothing else to report on t | his form.                       |                               |                          |
| _                               | II in all of the infor         |                          | ,   |                                    |                                 |                               |                          |
|                                 |                                |                          |   |                                    |                                 |                               |                          |
| Part 1:                         | List All Secured Cl            | aims                     |   | 0-                                 | I A                             | 0-1 4                         | 0-10                     |
| 2. List all se                  | cured claims. If a             | creditor has more tha    | n one secured claim, list the creditor  | cenarately                         | lumn A<br>nount of claim        | Column A  Value of collateral | Column C Unsecured       |
|                                 |                                | · ·                      | rticular claim, list the other creditors<br>Il order according to the creditors na          | in Part 2. Do                      | not deduct the ue of collateral | that supports this claim      | <b>portion</b><br>If any |
| 2.1 City of                     | Chicago Dept of V              | Vater                    | Describe the property that secure   | s the claim: \$                    | ,000.00                         | <b>\$</b> 193,000.00          | \$ <u>1,000.00</u>       |
| Creditor's                      |                                |                          | 10844 S. King Dr. Chicago IL 60   | 628                                |                                 |                               |                          |
| 333 S S                         | Street St                      |                          |   |                                    |                                 |                               |                          |
|                                 |                                |                          | As of the date you file, the claim i  | s: Check all that apply.           |                                 |                               |                          |
|                                 |                                |                          | Contingent  |                                    |                                 |                               |                          |
| Chicago                         | 0                              | State Zip Code           | Unliquidated  |                                    |                                 |                               |                          |
| •                               |                                |                          | Disputed  |                                    |                                 |                               |                          |
| Debtor                          | s the debt? Check of<br>1 only | one.                     | Nature of Lien. Check all that apply  An agreement you made (such as                        |                                    |                                 |                               |                          |
| Debtor                          | •                              |                          | car loan)   |                                    |                                 |                               |                          |
| =                               | 1 and Debtor 2 only            |                          | Statutory lien (such as tax lien, m   | echanic's lien)                    |                                 |                               |                          |
| At least                        | t one of the debtors a         | and another              | Judgment lien from a lawsuit  Other (including a right to offset)                           |                                    |                                 |                               |                          |
|                                 | if this claim relate           | s to a                   | Other (including a right to onset) _  | <del></del>                        |                                 |                               |                          |
|                                 | unity debt<br>was incurred     |                          | Last 4 digits of account number   |                                    |                                 |                               |                          |
| 2.2 Fifth Th                    | nird Bank                      |                          | Describe the property that secure   | es the claim: \$                   | 75,043.00                       | \$ <u>89,385.00</u>           | <u>\$ 0.00</u>           |
| Creditor's                      |                                |                          | 9646 S. University Ave Chicago  | IL 60628                           |                                 |                               |                          |
|                                 | ingsley Dr                     |                          |   |                                    |                                 |                               |                          |
| Number                          | Street                         |                          | As of the date you file, the claim i  | e: Chook all that apply            |                                 |                               |                          |
|                                 |                                |                          | Contingent  | s. Check all that apply.           |                                 |                               |                          |
| Cincinn                         | ati                            | OH 45227  State Zip Code | Unliquidated  |                                    |                                 |                               |                          |
| City                            |                                | State Zip Code           | Disputed  |                                    |                                 |                               |                          |
| Who owes                        | s the debt? Check o            | one.                     | Nature of Lien. Check all that apply  An agreement you made (such as                        |                                    |                                 |                               |                          |
| Debtor                          | -                              |                          | car loan)   | smortgage or secured               |                                 |                               |                          |
| =                               | 1 and Debtor 2 only            |                          | Statutory lien (such as tax lien, m   | echanic's lien)                    |                                 |                               |                          |
| At least                        | t one of the debtors a         | and another              | Judgment lien from a lawsuit  |                                    |                                 |                               |                          |
|                                 | if this claim relate           | s to a                   | Other (including a right to offset)   |                                    |                                 |                               |                          |
|                                 | unity debt<br>was incurred     | 2008-2015                | Last 4 digits of account number   |                                    |                                 |                               |                          |
|                                 |                                | ur entries in Column A   | A on this page. Write that number   |                                    | 6,043.00                        |                               |                          |

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| After facility any service on this page, number them beginning with 2.3, followed  32.3 immols Service Preferal StJ.  Control 1982  Control 1982  Chicago II. 60653  Chy Sute 2 6066  Who owes the debt? Check one.  Interview of the debt of Check one.  Interview of the debt one one   | Additional Page |  |  | Column A             | Column A             | Column C          |
|--|-----------------|--|--|----------------------|----------------------|-------------------|
| by 2.4, and so forth.    Discrete Federal Skil.   Control of No.   Control     | Pa              | After leiting any entries on this nage nu    | mber them beginning with 2.3 followed                        | Amount of claim      |                      |                   |
| Continues Service Federal State   Continues Federal        |                 | rater leading any entities on time page, man | inser them segmining with 2.3, followed                      |                      |                      |                   |
| As of the date you file, the claim is: Check all that apply    Chicago   IL 60653   Sheer 2 p Code   Chicago     | 2.3             | Illinois Service Federal S&L                 | Describe the property that secures the claim:                | <b>\$</b> 105,734.78 | \$ <u>193,000.00</u> | \$ <u>0.00</u>    |
| As of the date you file, the claim its: Chock at that apply.    Chiclago   |                 |  | 10844 S. King Dr. Chicago IL 60628                           |                      |                      |                   |
| As of the date you file, the claim is: Check all that apply   Chrispon   District of the Check one.   District of the Check one one one of the Check one one of the Check one one one of the Check one one one of the Check one one of the Check one one one of the Check one one one of the Check one  |                 |  |  |                      |                      |                   |
| Chicago IL 00653 Oity State 26 Coce Who owes the debt7 Check one.  |                 | Number                                       |  |                      |                      |                   |
| Chicago II. 60653 City State 76 Cook Who owes the debt? Check one.  Debtor 1 and Debtor 2 cohy Check if this claim relates to a community debt Debtor 1 and Debtor 2 cohy Debtor 3 and Debtor 2 cohy Check if this claim relates to a community debt Debtor 3 and Debtor 2 cohy Debtor 3 and Debtor 3 cohy Debtor 3 and Debtor 3 cohy Debtor 3 and Debtor 3 cohy Debtor 4 and Debtor 2 cohy Debtor 4 and Debtor 2 cohy Debtor 4 and Debtor 2 cohy Debtor 5 cohy Debtor 6 cohy Debtor 7 cohy De     |                 |  |  |                      |                      |                   |
| Check if this claim relates to a   Destror k and bothor 2 only   Destror to any   Destror       |                 | Chicago IL 60653                             |  |                      |                      |                   |
| Who owes the debt? Check one.    Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 8 only 8      |                 |  |  |                      |                      |                   |
| Debtor 1 only  |                 |  | Disputed   |                      |                      |                   |
| Cector 2 coly  | '               | Who owes the debt? Check one.                | Nature of Lien. Check all that apply.                        |                      |                      |                   |
| Check if this claim relates to a community debt   Condition   Co       |                 | Debtor 1 only                                | An agreement you made (such as mortgage or secured           |                      |                      |                   |
| At least one of the debtors and another   Deber (including a right to offset)  |                 | Debtor 2 only                                | car loan)  |                      |                      |                   |
| Check if this claim relates to a community debt   Last 4 digits of account number   Secure        |                 | Debtor 1 and Debtor 2 only                   | Statutory lien (such as tax lien, mechanic's lien)           |                      |                      |                   |
| Check if this claim relates to a community debt   Contingent   |                 | At least one of the debtors and another      | Judgment lien from a lawsuit                                 |                      |                      |                   |
| community debt Date Debt was incurred  Last 4 digits of account number  2.4 Nationstart Mortgage LLC Creative Name 350 Highland Dr Number Street  Levitsville TX 75067 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 5 was incurred 2009-2015  Last 4 digits of account number 0030  Last 4 digits of account number 0030  East 2 ip Code Who owes the debt? Check one. Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 was incurred 2009-2015  Last 4 digits of account number 0030  Describe the property that secures the claim: \$ 46,688.00 \$ 112,699.00 \$ 0.00  Total Contingent 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 not Debtor 2 only Debtor 4 not Debtor 4 not Debtor 2 only Debtor 4 not   |                 | <b>—</b>                                     | Other (including a right to offset)                          |                      |                      |                   |
| Date Debt was incurred  Last 4 digits of account number  Nationstar Mortgage LLC  Describer the property that secures the claim: \$ 113,419.00 \$ 108,200.00 \$ \$,5.219.00  Security Name  Servet  As of the date you file, the claim is: Check all that apply.  Lewisville  TX 75067 City State Zp Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 onl |                 |  |  |                      |                      |                   |
| Describe the property that secures the claim: \$ 113,419.00 \$ 108,200.00 \$ 5,219.00  |                 | · · · · · · · · · · · · · · · · · · ·        | Last 4 digits of account number                              |                      |                      |                   |
| Retolistation Moltgage LLC   | $\overline{}$   |  |  | <b>s</b> 113.419.00  | <b>\$</b> 108.200.00 | <b>s</b> 5.219.00 |
| As of the date you file, the claim is: Check all that apply.  Lewisville  TX 75067 City State Zip Code  Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 was incurred PO Box 0112 Number Street  Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor     | 2.7             |  |  |                      | Ψ                    | <u> </u>          |
| As of the date you file, the claim is: Check all that apply.  Lewisville  TX 75087 City Stato Zp Code  Who owes the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least noe of the debtors and another Check if this claim relates to a community debt Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 late 2 p Code Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 late 2 p Code Debtor 1 only Debtor 3 late 2 p Code Debtor 4 late 3 late 2 p Code Debtor 5 late 2 p Code Debtor 1 only Debtor 5 late 2 p Code Debtor 1 only Debtor 6 late 3 late 2 p Code Debtor 1 only Debtor 6 late 3 late     |                 |  | 9640 S. University Ave Chicago IL 60628                      |                      |                      |                   |
| As of the date you file, the claim is: Check all that apply.  Lewisville TX 75067 City State Zip Code  Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Date Debt was incurred Dobe 3 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debto     |                 |  |  |                      |                      |                   |
| Contingent   |                 | Number Street                                |  |                      |                      |                   |
| Lewisville TX 75067 City State Zp Code Who owes the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only Date Debt was incurred Date Debt was incurred Date Debt was present you made (such as mortgage or secured car loan) Describe the property that secures the claim:  State 4 digits of account number Describe the property that secures the claim:  PO Box 0112 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim relates to a community debt Date Debt was incurred Debtor 1 and Debtor 2 only Last 4 digits of account number Debtor 2 only Last 4 digits of account number Debtor 3 and Debtor 2 only Last 4 digits of account number Debtor 3 and Debtor 2 only Last 4 digits of account number Debtor 3 and Debtor 2 only Last 4 digits of account number Debtor 4 and Debtor 2 only Last 4 digits of account number Debtor 4 and Debtor 2 only Last 4 digits of account number Debtor 4 and Debtor 2 only Last 4 digits of account number Last 4 digits of account     |                 |  |  |                      |                      |                   |
| City   State   Zip Code   Disputed   |                 | Lewisville TX 75067                          |  |                      |                      |                   |
| Who owes the debt? Check one.    Disputed  |                 |  | Unliquidated   |                      |                      |                   |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date Debt was incurred Debtor 1 only Street  Palatine City State Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 stalm relates to a community debt Date Debt was incurred Does Check if this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Date Debt was incurred Does Check If this claim relates to a community debt Does Check If this claim relates to a community debt Does Check If this claim relates to a community debt Does Check If this claim relates to a community debt Does Check If this claim relates to a community debt Does Check If this claim relates to a community debt Does Check If this claim relates to a community debt Does Check If this claim relates to a community debt Does C     |                 |  | Disputed   |                      |                      |                   |
| Debtor 2 only  |                 | Who owes the debt? Check one.                | Nature of Lien. Check all that apply.                        |                      |                      |                   |
| Debtor 1 and Debtor 2 only   |                 | Debtor 1 only                                | An agreement you made (such as mortgage or secured           |                      |                      |                   |
| At least one of the debtors and another    Check if this claim relates to a community debt Date Debt was incurred   2009-2015   Last 4 digits of account number  |                 | Debtor 2 only                                | car loan)  |                      |                      |                   |
| Check if this claim relates to a community debt Date Debt was incurred   |                 | Debtor 1 and Debtor 2 only                   | Statutory lien (such as tax lien, mechanic's lien)           |                      |                      |                   |
| Check if this claim relates to a community debt Date Debt was incurred 2009-2015  Last 4 digits of account number  |                 | At least one of the debtors and another      | Judgment lien from a lawsuit                                 |                      |                      |                   |
| Community debt Date Debt was incurred 2009-2015  Last 4 digits of account number   |                 |  | Other (including a right to offset)                          |                      |                      |                   |
| Date Debt was incurred 2009-2015  Last 4 digits of account number 0030  2.5 PHH Mortgage Services  Creditor's Name PO Box 0112 Number Street  As of the date you file, the claim is: Check all that apply.  Crothingent Unliquidated Disputed  Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Date Debt was incurred 2009-2015  Last 4 digits of account number 0030  Describe the property that secures the claim: \$ 46,686.00 \$ 112,690.00 \$ 0.00  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Statutory lien (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Under (including a right to offset)  Last 4 digits of account number 2978  Last 4 digits of account number 2978   |                 |  |  |                      |                      |                   |
| PHH Mortgage Services  Creditor's Name PO Box 0112 Number Street  Palatine IL 60055 City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Date Debt was incurred 2009-2015  Last 4 digits of account number 2978  Describe the property that secures the claim: \$ 46,686.00 \$ 112,690.00 \$ 0.00  At 66,686.00 \$ 112,690.00 \$ 0.00  Check all that apply. An agreement you made (such as mortgage or secured car loan) Check if this claim relates to a community debt Date Debt was incurred 2009-2015  Last 4 digits of account number 2978  | ١.              | 2000 2015                                    | Last 4 digits of account number 0030                         |                      |                      |                   |
| Creditor's Name PO Box 0112 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Date Debt was incurred 2009-2015  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number 2978   | $\overline{}$   | Date Debt was incurred                       |  | <u>↑ 46 686 00</u>   | # 112 690 00         | <b>*</b> 0 00     |
| PO Box 0112   Number   Street   As of the date you file, the claim is: Check all that apply.   Contingent   Unliquidated   Disputed  | 2.5             | PHH Mortgage Services                        |  | \$_40,000.00         | \$_112,000.00        | \$_0.00           |
| As of the date you file, the claim is: Check all that apply.  Palatine  IL 60055 City  State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Date Debt was incurred  2009-2015  As of the date you file, the claim is: Check all that apply.  Contingent Dulliquidated Disputed  Nature of Lien. Check all that apply.  As of the date you file, the claim is: Check all that apply.  Check all that apply.  Stature of Lien. Check all that apply.  Statutory lien (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Last 4 digits of account number 2978  |                 |  | 9710 S. Dobson Chicago IL 60628                              |                      |                      |                   |
| As of the date you file, the claim is: Check all that apply.    Palatine   |                 |  |  |                      |                      |                   |
| Contingent   Unliquidated   Disputed   |                 | Number Street                                |  |                      |                      |                   |
| Palatine IL 60055 City State Zip Code Disputed  Who owes the debt? Check one.  Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Car loan) At least one of the debtors and another Dthe (including a right to offset)  Check if this claim relates to a community debt  Date Debt was incurred 2009-2015  Last 4 digits of account number 2978  |                 |  | As of the date you file, the claim is: Check all that apply. |                      |                      |                   |
| City State Zip Code  Disputed  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Date Debt was incurred 2009-2015  Last 4 digits of account number 2978  Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Other (including a right to offset)  Last 4 digits of account number 2978  Last 4 digits of account number 2978   |                 | Dolotino II 60055                            | Contingent   |                      |                      |                   |
| Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Date Debt was incurred  |                 |  | Unliquidated   |                      |                      |                   |
| Debtor 1 only Debtor 2 only Car loan)  Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien)  At least one of the debtors and another  Check if this claim relates to a community debt  Date Debt was incurred 2009-2015  Last 4 digits of account number 2978   |                 | City State Zip Code                          | Disputed   |                      |                      |                   |
| Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Date Debt was incurred 2009-2015  Last 4 digits of account number 2978  | ,               | Who owes the debt? Check one.                | Nature of Lien. Check all that apply.                        |                      |                      |                   |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Debtor 1 and Debtor 2 only  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Check if this claim relates to a community debt  Date Debt was incurred 2009-2015  Last 4 digits of account number 2978  |                 | Debtor 1 only                                | An agreement you made (such as mortgage or secured           |                      |                      |                   |
| At least one of the debtors and another  Judgment lien from a lawsuit  Other (including a right to offset)  Check if this claim relates to a community debt  Date Debt was incurred 2009-2015  Last 4 digits of account number 2978  |                 | Debtor 2 only                                | car loan)  |                      |                      |                   |
| Other (including a right to offset)  Check if this claim relates to a community debt  Date Debt was incurred 2009-2015  Last 4 digits of account number 2978   |                 | Debtor 1 and Debtor 2 only                   | Statutory lien (such as tax lien, mechanic's lien)           |                      |                      |                   |
| Check if this claim relates to a community debt  Date Debt was incurred2009-2015   |                 | At least one of the debtors and another      | Judgment lien from a lawsuit                                 |                      |                      |                   |
| community debt  Date Debt was incurred2009-2015  |                 | _  | Other (including a right to offset)                          |                      |                      |                   |
| Date Debt was incurred2009-2015  |                 | —  | _  |                      |                      |                   |
| But But Had Medica   |                 | 2000 2015                                    | Last 4 digits of account number 2978                         |                      |                      |                   |
|  |                 | Date Debt was incurred                       |  | \$ 341.882.78        |                      |                   |

If this is the last page of your form, add the dollar value totals from all pages.

Official Form 106D

|     | -ill in this      | information to identify your case:  | oc 1  | Entered 12/07/15                 | 14:49:54            | Desc Mair       | า                  |
|-----|-------------------|---|---|----------------------------------|---------------------|-----------------|--------------------|
| H.  | III III UIIS      | s information to identify your case.  |   | 6 of 72                          |                     |                 |                    |
|     | Debtor 1          | Otis Jame   | s Whitten                                     | _                                |                     |                 |                    |
|     |                   | First Name Middle Nar   | ne Last Name                                  |                                  |                     |                 |                    |
|     | Debtor 2          |   |   | _                                |                     |                 |                    |
| '   | (Spouse, if filin | g) First Name Middle Nar  | me Last Name                                  |                                  |                     |                 |                    |
|     | United Sta        | tes Bankruptcy Court for the : <u>NORTHERN</u>  | District of _ILLINOIS                         |                                  |                     |                 |                    |
| Ι.  | Case Num          | her   | (State)                                       |                                  |                     | Check           | if this is an      |
|     | (If known)        |   |   |                                  |                     | amend           | ed filing          |
| ∩f  | ficial            | Form 106E/F   |   |                                  |                     |                 | _                  |
|     |                   |   |   |                                  |                     |                 | 40/45              |
|     |                   | <u>le E/F: Creditors Who Ha</u>   |   |                                  |                     |                 | 12/15              |
|     |                   | ete and accurate as possible. Use Part<br>r party to any executory contracts or u           |   |                                  |                     |                 |                    |
| A/B | : Propert         | y (Official Form 106A/B) and on Sched   | lule G: Executory Contracts and Ur            | nexpired Leases (Official Form 1 | 06G). Do not includ |                 |                    |
|     |                   | h partially secured claims that are liste<br>y the Part you need, fill it out, number       |   |                                  |                     |                 |                    |
|     |                   | lditional pages, write your name and c  |   | ·                                | . 0                 |                 |                    |
|     | Part 1:           | List All of Your PRIORITY Unsecured C   | Claims  |                                  |                     |                 |                    |
| 1.  | Do any o          | creditors have priority unsecured clain   | ns against you?                               |                                  |                     |                 |                    |
|     | _                 | Go to Part 2.   | <b>.,</b>                                     |                                  |                     |                 |                    |
|     | =                 |   |   |                                  |                     |                 |                    |
|     | Yes.              |   | 19. 1   | 1 1 2 12 4 11 12                 |                     |                 |                    |
| 2.  |                   | of your priority unsecured claims. If a co-<br>im listed, identify what type of claim it is |   |                                  | · •                 |                 |                    |
|     |                   | ity amounts. As much as possible, list th   | • • •   | •                                |                     | · ·             |                    |
|     | •                 | ed claims, fill out the Continuation Page   | ·   | <del>-</del>                     |                     | •               |                    |
|     | (For an e         | explanation of each type of claim, see th   | e instructions for this form in the inst      | ruction booklet.)                |                     |                 |                    |
|     |                   |   |   |                                  | Total claim         | Priority amount | Nonpriority amount |
| 2.1 |                   |   | Look & Marko of a count mount or              |                                  | •                   | amount          | amount             |
| -   |                   | or's Name   | Last 4 digits of account number               | <u> </u>                         | \$                  | \$              | . \$               |
|     |                   |   | When was the debt incurred?                   |                                  |                     |                 |                    |
|     | Numbe             | er Street   |   |                                  |                     |                 |                    |
|     |                   |   | As of the date you file, the claim            | is: Check all that apply.        |                     |                 |                    |
|     |                   |   | Contingent                                    |                                  |                     |                 |                    |
|     | City<br>Who inc   | State Zip Code curred the debt? Check one.  | Unliquidated                                  |                                  |                     |                 |                    |
|     |                   | or 1 only   | Disputed                                      |                                  |                     |                 |                    |
|     | Debte             | or 2 only   | Type of PRIORITY unsecured cl                 | aim:                             |                     |                 |                    |
|     | Debte             | or 1 and Debtor 2 only  | Taxes and certain other debts yo              | ou owe the government            |                     |                 |                    |
|     | =                 | ast one of the debtors and another  | Claims for death or personal inju             |                                  |                     |                 |                    |
|     | _                 | ck if this claim relates to a<br>munity debt  | intoxicated                                   |                                  |                     |                 |                    |
|     |                   | aim subject to offest?  | Other. Specify                                |                                  |                     |                 |                    |
|     | No                |   |   |                                  |                     |                 |                    |
| Н   | Yes               |   |   |                                  |                     |                 |                    |
| 2.2 | _                 | r's Name  | Last 4 digits of account number               |                                  | \$                  | \$              | . \$               |
|     |                   | - Statile   | When was the debt incurred?                   |                                  |                     |                 |                    |
|     | Numbe             | er Street   |   |                                  |                     |                 |                    |
|     |                   |   | As of the date you file, the claim            | is: Check all that apply.        |                     |                 |                    |
|     |                   |   | Contingent                                    |                                  |                     |                 |                    |
|     | City              | State Zip Code  | Unliquidated Disputed                         |                                  |                     |                 |                    |
|     | _                 | urred the debt? Check one.  | Disputed                                      |                                  |                     |                 |                    |
|     | =                 | or 1 only   | Type of PRIORITY unsecured cla                | aim:                             |                     |                 |                    |
|     | =                 | or 2 only<br>or 1 and Debtor 2 only   | Domestic support obligations                  |                                  |                     |                 |                    |
|     | =                 | ist one of the debtors and another  | Taxes and certain other debts yo              | -                                |                     |                 |                    |
|     | =                 | ck if this claim relates to a   | Claims for death or personal inju intoxicated | ry wrille you were               |                     |                 |                    |
|     | Com               | munity debt   | Other. Specify                                |                                  |                     |                 |                    |
|     |                   | aim subject to offest?  |   |                                  |                     |                 |                    |
|     | ∐ No              |   |   |                                  |                     |                 |                    |
|     | Yes               |   |   |                                  |                     |                 |                    |

Page 27 of 72 Case Number (if known) Document Otis James Debtor 1 Last Name

|     | ar     | List All of Your NONPRIORITY Unsecured           | Claims   |                                       |                       |
|-----|--------|--|--|---------------------------------------|-----------------------|
| 3.  | Do     | any creditors have nonpriority unsecured clair   | s against you?   |                                       |                       |
|     |        | No. You have nothing to report in this part. Sub | mit this form to the court with your other schedules.  |                                       |                       |
|     |        | Yes.   |  |                                       |                       |
| 4.  | Lis    |  | alphabetical order of the creditor who holds each claim  | If a creditor has more than one       |                       |
|     |        |  | ely for each claim. For each claim listed, identify what type  |                                       |                       |
|     |        |  | particular claim, list the other creditors in Part 3.If you have   | more than three nonpriority unsecured |                       |
|     | cla    | nims fill out the Continuation Page of Part 2.   |  | _                                     | Fatal alaim           |
| 4.  | $\neg$ | Capital One                                      | Last 4 digits of account number NULL   |                                       | Total claim<br>243.00 |
| 4.  |        | Creditor's Name                                  |  | ·                                     |                       |
|     |        | 26525 N Riverwoods Blvd                          | When was the debt incurred? 2005-2015  |                                       |                       |
|     |        | Number Street                                    |  |                                       |                       |
|     |        |  | As of the date you file, the claim is: Check all that apply.   |                                       |                       |
|     |        | Mettawa IL 60045                                 | Contingent   |                                       |                       |
|     |        | City State Zip Code                              | Unliquidated   |                                       |                       |
|     | W      | /ho owes the debt? Check one.                    | Disputed   |                                       |                       |
|     | Į      | Debtor 1 only                                    |  |                                       |                       |
|     | Ļ      | Debtor 2 only                                    | Type of PRIORITY unsecured claim: ☐  |                                       |                       |
|     | Ļ      | Debtor 1 and Debtor 2 only                       | Student loans  |                                       |                       |
|     | Ļ      | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims    |                                       |                       |
|     | L      | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar de   | bts                                   |                       |
|     | Is     | the claim subject to offest?                     |  |                                       |                       |
|     | ļ      | No   | Other. Specify Credit Card or Credit Use   | _                                     |                       |
| 4.  | +      | Yes Capital ONE BANK USA N                       | Last 4 digits of account number NULL   | •                                     | 3 0.00                |
| 4.2 |        | Creditor's Name                                  | Last 4 digits of account number NULL   | •                                     | , 0.00                |
|     |        | 15000 Capital One Dr                             | When was the debt incurred? 2003-2007  |                                       |                       |
|     |        | Number Street                                    |  |                                       |                       |
|     |        |  | As of the date you file, the claim is: Check all that apply.   |                                       |                       |
|     |        | Dishmand VA 22220                                | Contingent   |                                       |                       |
|     |        | Richmond VA 23238  City State Zip Code           | Unliquidated   |                                       |                       |
|     | W      | /ho owes the debt? Check one.                    | Disputed   |                                       |                       |
|     |        | Debtor 1 only                                    |  |                                       |                       |
|     | Ē      | Debtor 2 only                                    | Type of PRIORITY unsecured claim:  |                                       |                       |
|     | Ļ      | Debtor 1 and Debtor 2 only                       | ☐ Student loans  |                                       |                       |
|     | Ļ      | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims    |                                       |                       |
|     | L      | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar de   | hts                                   |                       |
|     | ls     | s the claim subject to offest?                   |  |                                       |                       |
|     | ļ      | No   | Other. Specify Credit Card or Credit Use   | _                                     |                       |
|     | +      | Yes<br>Chase CARD                                | Last 4 digits of account number NULL   | ¢                                     | s 0.00                |
| 4.3 | 5      | Creditor's Name                                  | Last 4 digits of account numberNULL  | •                                     | 9.00                  |
|     |        | Po Box 15298                                     | When was the debt incurred? 1985-2011  |                                       |                       |
|     |        | Number Street                                    |  |                                       |                       |
|     |        |  | As of the date you file, the claim is: Check all that apply.   |                                       |                       |
|     |        | Wilmington DF 10050                              | Contingent   |                                       |                       |
|     |        | Wilmington DE 19850  City State Zip Code         | Unliquidated   |                                       |                       |
|     | W      | /ho owes the debt? Check one.                    | Disputed   |                                       |                       |
|     | Ī      | Debtor 1 only                                    |  |                                       |                       |
|     | Ļ      | Debtor 2 only                                    | Type of PRIORITY unsecured claim:  |                                       |                       |
|     | Ļ      | Debtor 1 and Debtor 2 only                       | Student loans  |                                       |                       |
|     | Ļ      | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce   |                                       |                       |
|     | L      | Check if this claim relates to a community debt  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar de | hts                                   |                       |
|     | Is     | the claim subject to offest?                     |  |                                       |                       |
|     | ļ      | No   | Other. Specify Credit Card or Credit Use   | _                                     |                       |
|     | - 1    | IV   |  |                                       |                       |

Schedule E/F: Creditors Who Have Unsecured Claims

| Debtor 1    | Otis       | Case 15-41333                 | Doc 1          | Filed 12/07/15               | Entered 12/07/15 14:49:54<br>Page 28 of 72<br>Page 28 of 72 | Desc Main |
|-------------|------------|-------------------------------|----------------|------------------------------|---|-----------|
|             | First Name | Middle Name                   |                | Last Name                    |   |           |
| Part 2:     | Your       | NONPRIORITY Unsecured Cla     | ims - Continua | ntion Page                   |   |           |
| After listi | ng any ei  | ntries on this page, number t | hem beginniı   | ng with 4.4, followed by 4.5 | 5, and so forth.  |           |
| 4.4         | hase CA    | RD                            | _ Las          | st 4 digits of account numbe | rNULL   | :         |

| After li                              | sting any entries on this page, number them b      | eginning with 4.4, followed by 4.5, an  | d so forth.                  | Total Claim        |
|---------------------------------------|--|---|------------------------------|--------------------|
| 4.4                                   | Chase CARD   | Last 4 digits of account number         | NULL                         | \$ <u>488.00</u>   |
|                                       | Creditor's Name                                    |   | 4005 0045                    |                    |
|                                       | Po Box 15298                                       | When was the debt incurred?             | 1995-2015                    |                    |
|                                       | Number Street                                      |   |                              |                    |
|                                       |  | As of the date you file, the claim is:  | Check all that apply.        |                    |
|                                       |  | Contingent                              |                              |                    |
|                                       | Wilmington DE 19850                                | Unliquidated                            |                              |                    |
| v                                     | City State Zip Code  Who owes the debt? Check one. | Disputed                                |                              |                    |
|                                       | Debtor 1 only                                      | _                                       |                              |                    |
| Ī                                     | Debtor 2 only                                      | Type of PRIORITY unsecured claim        | •                            |                    |
| Ì                                     | Debtor 1 and Debtor 2 only                         | Student loans                           |                              |                    |
| Ì                                     | At least one of the debtors and another            | Obligations arising out of a separation | on agreement or divorce      |                    |
| 1                                     | Check if this claim relates to a                   | that you did not report as priority cla |                              |                    |
| "                                     | community debt                                     | Debts to pension or profit-sharing pl   |                              |                    |
| <u> </u>                              | s the claim subject to offest?                     | _                                       |                              |                    |
|                                       | No   | Other. Specify Credit Card or 0         | Credit Use                   |                    |
|                                       | Yes  |   | AUU                          | 1.111.00           |
| 4.5                                   | Chase CARD   | Last 4 digits of account number         | NULL                         | \$ <u>4,111.00</u> |
|                                       | Creditor's Name Po Box 15298                       | When was the debt incurred?             | 2008-2015                    |                    |
|                                       | Number Street                                      | when was the debt incurred?             |                              |                    |
|                                       | Number Street                                      |   |                              |                    |
|                                       |  | As of the date you file, the claim is:  | Check all that apply.        |                    |
|                                       | Wilmington DE 19850                                | Contingent                              |                              |                    |
|                                       | City State Zip Code                                | Unliquidated                            |                              |                    |
| <u> </u>                              | Who owes the debt? Check one.                      | Disputed                                |                              |                    |
|                                       | Debtor 1 only                                      |   |                              |                    |
| [                                     | Debtor 2 only                                      | Type of PRIORITY unsecured claim        | :                            |                    |
| [                                     | Debtor 1 and Debtor 2 only                         | Student loans                           |                              |                    |
| [                                     | At least one of the debtors and another            | Obligations arising out of a separation | on agreement or divorce      |                    |
|                                       | Check if this claim relates to a                   | that you did not report as priority cla | ims                          |                    |
| ١.                                    | community debt                                     | Debts to pension or profit-sharing pl   | ans, and other similar debts |                    |
|                                       | s the claim subject to offest?                     |   |                              |                    |
|                                       | No   | Other. Specify Credit Card or C         | Credit Use                   |                    |
| 4.6                                   | Yes<br>CITI  | Last 4 digits of account number         | NULL                         | \$ 4,025.00        |
| 4.6                                   | Creditor's Name                                    | Last 4 digits of account number         | <del></del>                  | ¥                  |
|                                       | Po Box 6241  | When was the debt incurred?             | 1998-2015                    |                    |
|                                       | Number Street                                      |   |                              |                    |
|                                       |  | As of the date you file, the claim is:  | Check all that apply.        |                    |
|                                       |  | Contingent                              | Chook all that apply.        |                    |
|                                       | Sioux Falls SD 57117                               | Unliquidated                            |                              |                    |
| l .                                   | City State Zip Code                                | Disputed                                |                              |                    |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Vho owes the debt? Check one.                      | Disputed                                |                              |                    |
|                                       | Debtor 1 only                                      |   |                              |                    |
|                                       | Debtor 2 only                                      | Type of PRIORITY unsecured claim        | :                            |                    |
|                                       | Debtor 1 and Debtor 2 only                         | Student loans                           |                              |                    |
| <u> </u>                              | At least one of the debtors and another            | Obligations arising out of a separation |                              |                    |
| L                                     | Check if this claim relates to a                   | that you did not report as priority cla |                              |                    |
| l le                                  | community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing pl   | ans, and other similar dedts |                    |
| Ï                                     | No   | Other. Specify Credit Card or 0         | Credit Use                   |                    |
|                                       | Yes  | Other. Specify Creat Safe of C          |                              |                    |
|                                       |  |   |                              |                    |

|              |  | Case 15-41333             | Doc 1          | Filed 12/07/15 | Entered 12/07/15 14:49: | 54 Desc Main |  |  |  |  |
|--------------|--|---------------------------|----------------|----------------|-------------------------|--------------|--|--|--|--|
| Debtor 1     | Otis   | James                     |                | Document       | Page 29 of 72           |              |  |  |  |  |
|              | First Name   | Middle Name               |                | Last Name      |                         |              |  |  |  |  |
| Part 2:      | Your   | NONPRIORITY Unsecured Cla | ims - Continua | tion Page      |                         |              |  |  |  |  |
| After listin | After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. |                           |                |                |                         |              |  |  |  |  |

| After li   | sting any entries on this page, number them be     | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim         |
|------------|--|---|---------------------|
| 4.7        | Commerce BK  | Last 4 digits of account number NULL                              | \$ <u>9,756.00</u>  |
|            | Creditor's Name                                    | 0007-0045   |                     |
|            | Po Box 411036                                      | When was the debt incurred? 2007-2015                             |                     |
|            | Number Street                                      |   |                     |
|            |  | As of the date you file, the claim is: Check all that apply.      |                     |
|            |  | Contingent  |                     |
|            | Kansas City MO 64141                               | Unliquidated  |                     |
| ١.,        | City State Zip Code  Who owes the debt? Check one. | Disputed  |                     |
| li         | Debtor 1 only                                      |   |                     |
|            | Debtor 2 only                                      | Turns of DDIODITY was sound alsies.                               |                     |
|            | =======================================            | Type of PRIORITY unsecured claim:  Student loans                  |                     |
|            | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce      |                     |
|            | At least one of the debtors and another            | that you did not report as priority claims                        |                     |
| [          | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts |                     |
| l I        | s the claim subject to offest?                     | Debts to pension or profit-sharing plans, and other similar debts |                     |
|            | No   | Other. Specify Credit Card or Credit Use                          |                     |
| <u> </u>   | Yes  | Officer. Specify  |                     |
| 4.8        | Discover FIN SVCS LLC                              | Last 4 digits of account number NULL                              | <u>\$ 6,172.00</u>  |
|            | Creditor's Name                                    | 0000 0040   |                     |
|            | Po Box 15316                                       | When was the debt incurred? 2000-2012                             |                     |
|            | Number Street                                      |   |                     |
|            |  | As of the date you file, the claim is: Check all that apply.      |                     |
|            |  | Contingent  |                     |
|            | Wilmington DE 19850                                | Unliquidated  |                     |
| ١,         | City State Zip Code                                | Disputed  |                     |
| ľ          | Who owes the debt? Check one.                      |   |                     |
|            | Debtor 1 only                                      |   |                     |
|            | Debtor 2 only                                      | Type of PRIORITY unsecured claim:                                 |                     |
|            | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                     |
|            | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                     |
| [          | Check if this claim relates to a                   | that you did not report as priority claims                        |                     |
| Ι.         | community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                     |
| li         | No   | Cradit Cond on Cradit Hon   |                     |
|            | Yes  | Other. Specify Credit Card or Credit Use                          |                     |
| 4.9        | Fifth Third BANK                                   | Last 4 digits of account number NULL                              | <b>\$</b> 11,014.00 |
| 4.9        | Creditor's Name                                    | Lust 4 digits of account number                                   | <del></del>         |
|            | 5050 Kingsley Dr                                   | When was the debt incurred? 2009-2015                             |                     |
|            | Number Street                                      |   |                     |
|            |  | As of the date you file, the claim is: Check all that apply.      |                     |
|            |  |   |                     |
|            | Cincinnati OH 45227                                | ☐ Contingent  |                     |
|            | City State Zip Code                                | Unliquidated □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □                |                     |
| \ <u>\</u> | Who owes the debt? Check one.                      | Disputed  |                     |
|            | Debtor 1 only                                      |   |                     |
| [          | Debtor 2 only                                      | Type of PRIORITY unsecured claim:                                 |                     |
| [          | Debtor 1 and Debtor 2 only                         | Student loans   |                     |
| [          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                     |
| [          | Check if this claim relates to a                   | that you did not report as priority claims                        |                     |
|            | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                     |
|            | s the claim subject to offest?                     |   |                     |
|            | No   | Other. Specify Credit Card or Credit Use                          |                     |
|            | Yes  |   |                     |

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Case Number (if known) Document Otis James Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4.10 INTERBANK MTG CO/Doven \$ 0.00 Last 4 digits of account number

| 4.10  |   |                     |
|---|---|---------------------|
| Creditor's Name                                   | When was the debt incurred? 2009-2013                             |                     |
| 1 Corporate Dr Ste 360                            | When was the debt incurred?                                       |                     |
| Number Street                                     |   |                     |
|   | As a false alote were file also also be Object all that a set     |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
|   | Contingent  |                     |
| Lake Zurich IL 60047                              | Unliquidated  |                     |
| City State Zip Code                               | Disputed  |                     |
| Who owes the debt? Check one.                     | Disputed  |                     |
| Debtor 1 only                                     |   |                     |
| Debtor 2 only                                     | Type of PRIORITY unsecured claim:                                 |                     |
| Debtor 1 and Debtor 2 only                        | Student loans   |                     |
|   |   |                     |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                     |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                     |
| Is the claim subject to offest?                   |   |                     |
| No  | Other. Specify Notice Only  |                     |
| Yes   | Other Specify   |                     |
| Coolal Coourity Administration                    | Last 4 digits of account number                                   | <b>\$</b> 11,823.00 |
| 7.11  | Last 4 digits of account number                                   | <b>4</b>            |
| Creditor's Name                                   | When was the debt incurred?                                       |                     |
| 77 W. Jackson                                     | when was the debt incurred?                                       |                     |
| Number Street                                     |   |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
|   |   |                     |
| Chicago IL 60604                                  | Contingent  |                     |
|   | Unliquidated  |                     |
| City State Zip Code Who owes the debt? Check one. | Disputed  |                     |
|   |   |                     |
| Debtor 1 only                                     |   |                     |
| Debtor 2 only                                     | Type of PRIORITY unsecured claim:                                 |                     |
| Debtor 1 and Debtor 2 only                        | Student loans   |                     |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                     |
| <u> </u>  | that you did not report as priority claims                        |                     |
| Check if this claim relates to a                  |   |                     |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                     |
| Is the claim subject to offest?                   |   |                     |
| No  | Other. Specify  |                     |
| Yes   |   |                     |
| 4.12 State FARM Financial S                       | Last 4 digits of account number NULL                              | <u>\$ 10,652.00</u> |
| Creditor's Name                                   |   |                     |
| 3 State Farm Plaza N-4                            | When was the debt incurred? 2006-2015                             |                     |
|   | <del></del>   |                     |
| Number Street                                     |   |                     |
|   | As of the date you file, the claim is: Check all that apply.      |                     |
|   | Contingent  |                     |
| Bloomington IL 61791                              |   |                     |
| City State Zip Code                               | Unliquidated  |                     |
| Who owes the debt? Check one.                     | Disputed  |                     |
| Debtor 1 only                                     |   |                     |
|   | Turns of DDIODITY are sound alsima                                |                     |
| Debtor 2 only                                     | Type of PRIORITY unsecured claim:<br>□                            |                     |
| Debtor 1 and Debtor 2 only                        | Student loans   |                     |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                     |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                     |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                     |
| Is the claim subject to offest?                   |   |                     |
| No  | _   |                     |
|   | Cradit Card or Cradit I !   |                     |
| Yes   | Other. Specify Credit Card or Credit Use                          |                     |

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Case Number (if known) Document Otis James Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Syncb/HOME DESIGN-HI-P \$ 3,939.00 Last 4 digits of account number \_ Creditor's Name 2014-2015 C/O P.O. Box 965036 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Orlando FL 32896 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes Syncb/SAMS CLUB DC NULL \$ 7,299.00 4.14 Last 4 digits of account number Creditor's Name 2005-2015 Po Box 965005 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Orlando 32896 FL Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

that you did not report as priority claims

Other. Specify \_\_\_Credit Card or Credit Use

At least one of the debtors and another

Check if this claim relates to a

community debt Is the claim subject to offest?

No

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Document

\$\_69,522

Otis James Debtor 1

Add the Amounts for Each Type of Unsecured Claim

|                             | counts of certain types of unsecured claims. This information is for st counts for each type of unsecured claim. | atistical re | porting purposes only. 28 U.S.C. § 159. |
|-----------------------------|--|--------------|---|
|                             |  |              | Total claim                             |
| Total claims<br>from Part 1 | 6a. Domestic support obligations   | 6a.          | \$_0.00                                 |
|                             | 6b. Taxes and Certain other debts you owe the government   | 6b.          | \$_0.00                                 |
|                             | 6c. Claims for death or personal injury while you were intoxicated   | 6c.          | \$ <u>0</u>                             |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims.  Write that amount here.                              | 6d.          | \$ <u>0</u>                             |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.   | 6e.          | \$_0.00                                 |
|                             |  |              | Total claim                             |
| Total claims from Part 2    | 6f. Student loans  | 6f.          | \$_0                                    |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims      | 6g.          | \$ <u>0</u>                             |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h.          | <u>\$_11,823</u>                        |
|                             | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                            | 6i.          | \$_57,699                               |
|                             |  |              |   |

6j. Total. Add lines 6a through 6d.

|                            |   | Caso 15  |   | Filad 12/07/15   | Entore                        | d 12/07/15 14   | :49:54 De                                       | esc Main                          |       |
|----------------------------|---|--|---|--|-------------------------------|---|---|-----------------------------------|-------|
| Fill                       | in this in                                      | formation to iden  | itify your case:  |  | 3                             | 3 of 72   |   |                                   |       |
| Del                        | btor 1  | Otis   | James   | Whitten  | _                             |   |   |                                   |       |
|                            |   | First Name   | Middle Name   | Last Name  |                               |   |   |                                   |       |
|                            | btor 2<br>ouse, if filing)                      | First Name   | Middle Name   | Last Name  | -                             |   |   |                                   |       |
| Uni                        | ited States                                     | Bankruptcy Court fo  | r the : <u>NORTHERN</u> District of   | ILLINOIS   |                               |   |   |                                   |       |
| Cas                        | se Number                                       |  |   | (State)  |                               |   |   | Check if this is a amended filing | n     |
|                            |   | orm 106G   |   |  |                               |   |   | amended ming                      |       |
|                            |   |  | ory Contracts and   |  |                               |   |   |                                   | 12/15 |
| nform<br>addition<br>1. Do | ation. If nonal page by you hav No. Ch Yes. Fil | nore space is needs, write your name any executory eck this box and so in all of the informately each person | possible. If two married peopleded, copy the additional page e and case number (if known contracts or unexpired leases submit this form to the court wit mation below even if the contract or company with whom you hold cell phone). See the instruction | e, fill it out, number the e ). ??  th your other schedules. Y cts or leases are listed in ave the contract or lease | You have nothing Schedule A/E | ng else to report on this B: Property (Official Forn what each contract or le | the top of any form. m 106A/B) ease is for (for | ts and                            |       |
| un                         | expired le                                      | eases.   | · · ·   |  | ardenon bookie                | State what the cont   | ·   |                                   |       |
|                            | erson or  | company with w   | hom you have the contract or  | lease  |                               | State what the con-   | tract or lease is to                            | or .                              |       |
| 2.1                        |   |  |   |  | _                             |   |   |                                   |       |
|                            | Name  |  |   |  |                               |   |   |                                   |       |
|                            | Number  | Street   |   |  |                               |   |   |                                   |       |
|                            | City  |  | State Zip   | o Code   | _                             |   |   |                                   |       |
| 0.0                        | ,   |  |   |  |                               |   |   |                                   |       |
| 2.2                        | Name  |  |   |  | _                             |   |   |                                   |       |
|                            |   |  |   |  | _                             |   |   |                                   |       |
|                            | Number  | Street   |   |  |                               |   |   |                                   |       |
|                            | City  |  | State Zip   | o Code   | _                             |   |   |                                   |       |
| 2.3                        |   |  |   |  |                               |   |   |                                   |       |
|                            | Name  |  |   |  | _                             |   |   |                                   |       |
|                            | Number  | Street   |   |  | _                             |   |   |                                   |       |
|                            | · · · · · · · · · · · · · · · · · · ·           | 0.000  |   |  |                               |   |   |                                   |       |
|                            | City  |  | State Zip   | Code   | _                             |   |   |                                   |       |
| 2.4                        |   |  |   |  |                               |   |   |                                   |       |
|                            | Name  |  |   |  | _                             |   |   |                                   |       |
|                            |   |  |   |  | _                             |   |   |                                   |       |
|                            | Number  | Street   |   |  |                               |   |   |                                   |       |
|                            | City  |  | State Zip   | o Code   | _                             |   |   |                                   |       |
| 2.5                        |   |  |   |  |                               |   |   |                                   |       |
|                            | Name  |  |   |  | _                             |   |   |                                   |       |
|                            | Number  | Street   |   |  | _                             |   |   |                                   |       |
|                            |   | 0000   |   |  |                               |   |   |                                   |       |

State Zip Code

City

| Fill in this in     | formation to ide | entify your case:                       |                     |
|---------------------|------------------|---|---------------------|
| Debtor 1            | Otis             | James                                   | Whitten             |
|                     | First Name       | Middle Name                             | Last Name           |
| Debtor 2            | -                |   |                     |
| (Spouse, if filing) | First Name       | Middle Name                             | Last Name           |
| United States       | Bankruptcy Court | for the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| Case Number         |                  |   | — (State)           |
| (If known)          |                  |   |                     |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any A       | dditional Pages, wr | te your name and case numbe  | r (if known). Answer every     | question.           |  |
|-------------|---------------------|--|--------------------------------|---------------------|--|
| 1. <b>D</b> | o you have any coo  | ebtors? (If you are filing a joint                                       | case, do not list either spous | se as a codebtor.)  |  |
|             | No.                 |  |                                |                     |  |
|             | Yes                 |  |                                |                     |  |
|             | =                   | s, have you lived in a commur<br>aho, Lousiiana, Nevada, New M           |                                |                     | roperty states and territories include<br>Visconsin.)                            |
|             | No. Go to line 3.   |  |                                |                     |  |
|             | Yes. Did your sp    | ouse, former spouse, or legal ed   | uivalent live with you at the  | time?               |  |
|             | _                   | n community state or territory die                                       | d you live?                    | Fill in the n       | ame and current address of that person.  |
|             | Name of your spo    | use, former spouse or legal equivalent                                   |                                |                     |  |
|             | Number St           | reet   |                                |                     |  |
|             | City                |  | State                          | Zip Code            |  |
| 3 In        | -                   | f vour codebtors. Do not inclu   |                                | •                   | is filing with you. List the person  |
|             |                     | Form 106D), Schedule E/F (Off<br>edule G to fill out Column 2.<br>debtor | icial Form 106E/F), or Sche    | dule G (Official Fo | Column 2: The creditor to whom you owe the debt  Check all schedules that apply: |
| 3.1         |                     |  |                                |                     | Schedule D, line   |
|             | Name                |  |                                | _                   | Schedule E/F, line   |
|             | Number Stre         | et   |                                |                     | Schedule G, line   |
|             | City                | S  | tate Z                         | Zip Code            |  |
| 3.2         |                     |  |                                | _                   | Schedule D, line   |
|             | Name                |  |                                | _                   | Schedule E/F, line   |
|             | Number Stre         | et   |                                | _                   | Schedule G, line   |
|             | City                | S  | tate Z                         | Zip Code            | _  |
| 3.3         |                     |  |                                | _                   | Schedule D, line   |
|             | Name                |  |                                | _                   | Schedule E/F, line   |
|             | Number Stre         | et   |                                |                     | Schedule G, line   |
|             | City                | S  | tate Z                         | Zip Code            |  |

Official Form 106H Record # 675613 Schedule H: Your Codebtors Page 1 of 1

|                           |                   |                                    | Document   | <u>Page 35</u> c | ot 72        |                    |                     |
|---------------------------|-------------------|------------------------------------|------------|------------------|--------------|--------------------|---------------------|
| Fill in this in           | formation to iden | tify your case:                    |            |                  |              |                    |                     |
| Debtor 1                  | Otis              | James                              | Whitten    |                  |              |                    |                     |
|                           | First Name        | Middle Name                        | Last Name  |                  |              |                    |                     |
| Debtor 2                  |                   |                                    |            |                  |              |                    |                     |
| (Spouse, if filing)       | First Name        | Middle Name                        | Last Name  |                  |              |                    |                     |
|                           |                   | r the : <u>NORTHERN DISTRICT C</u> | F ILLINOIS |                  | Chook if thi | io io:             |                     |
| Case Number<br>(If known) | ·                 |                                    |            |                  | Check if thi |                    |                     |
|                           |                   |                                    |            |                  | =            | nended filing      |                     |
|                           |                   |                                    |            |                  | ☐ A sup      | plement showing p  | ost-petition        |
|                           |                   |                                    |            |                  | chapte       | er 13 income as of | the following date: |
| Off: -: -1 ⊏              | D. C.I            |                                    |            |                  |              |                    |                     |
| Official F                | <u>orm B 6l</u>   |                                    |            |                  | MM /         | DD / YYYY          |                     |
| Schedul                   | e I: Your I       | Income                             |            |                  |              |                    |                     |

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa   | Tt 1: Describe Employment  |                          |                         |              |                                   |  |  |  |  |  |  |
|--|--|--------------------------|-------------------------|--------------|-----------------------------------|--|--|--|--|--|--|
| 1.   | Fill in your employment information  |                          | Debtor 1                |              | Debtor 2 or non-filing spouse     |  |  |  |  |  |  |
|  | If you have more than one job, attach a separate page with information about additional employers. | Employment status        | X Employed Not employed |              | Employed  Not employed            |  |  |  |  |  |  |
|  | Include part-time, seasonal, or self-employed work.  | Occupation               | Driver                  |              |                                   |  |  |  |  |  |  |
|  | Occupation may Include student or homemaker, if it applies.  | Employers name           | ABF Freight Syste       | ems          |                                   |  |  |  |  |  |  |
|  |  | Employers address        | PO Box 10048            |              |                                   |  |  |  |  |  |  |
|  |  |                          | Fort Smith, AR 72       | 917          | ,                                 |  |  |  |  |  |  |
|  |  | How long employed there? | 30 years                |              |                                   |  |  |  |  |  |  |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |  |                          |                         |              |                                   |  |  |  |  |  |  |
|  |  |                          |                         | For Debtor 1 | For Debtor 2 or non-filing spouse |  |  |  |  |  |  |
| 2.   | List monthly gross wages, salar deductions). If not paid monthly, or                               | -                        | \$4,570.28              | \$0.00       |                                   |  |  |  |  |  |  |
| 3.   | Estimate and list monthly overtime pay.  |                          |                         | \$0.00       | \$0.00                            |  |  |  |  |  |  |
| 4.   | Calculate gross income. Add line   |                          | \$4,570.28              | \$0.00       |                                   |  |  |  |  |  |  |

Official Form B 6I Record # 675613 Schedule I: Your Income Page 1 of 2

Debtor 1 Otis James Document Whitten Page 36 of 72 Case Number (if known) \_\_\_\_\_

|   |   |   |          | For Debtor 1           |           | Debtor 2 or<br>n-filing spouse |     |            |  |
|---|---|---|----------|------------------------|-----------|--------------------------------|-----|------------|--|
| C   | Copy line 4 here  |   |          | \$4,570.28             |           | \$0.00                         |     |            |  |
|   | List all payroll deductions:  |   | _        |                        |           |                                |     |            |  |
|   | 5a. Tax, Medicare, and Social Security deductions   |   | 5a.<br>  | \$1,057.55             |           | \$0.00                         |     |            |  |
|   |   | landatory contributions for retirement plans  | 5b.      | \$0.00                 |           | \$0.00                         |     |            |  |
|   |   | oluntary contributions for retirement plans   | 5c.<br>— | \$0.00                 | _         | \$0.00                         |     |            |  |
| 5d. Required repayments of retirement fund loans  |   | 5d.<br>   | \$0.00   |                        | \$0.00    |                                |     |            |  |
| 5e. Insurance   |   |   | 5e.      | \$0.00                 | _         | \$0.00                         |     |            |  |
| 5f. Domestic support obligations  |   |   | 5f.<br>— | \$0.00                 |           | \$0.00                         |     |            |  |
| 5g. Union dues  |   |   | 5g.      | \$0.00                 |           | \$0.00                         |     |            |  |
| 5h. Other deductions. Specify:  |   |   | 5h.<br>— | \$0.00                 | _         | \$0.00                         |     |            |  |
| 6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.                                 |   |   | 6.       | \$1,057.55             | _         | \$0.00                         |     |            |  |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  |   |   | 7.       | \$3,512.73             |           | \$0.00                         |     |            |  |
|   |   | other income regularly received:  |          |                        |           |                                |     |            |  |
| 8   | Ba.   | Net income from rental property and from operating a business,  |          |                        |           |                                |     |            |  |
|   |   | profession, or farm   |          |                        |           |                                |     |            |  |
|   |   | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total |          |                        |           |                                |     |            |  |
|   |   | monthly net income.   | 8a.      | \$2,446.00             |           | \$0.00                         |     |            |  |
| 8   | ßb.   | Interest and dividends  | 8b.      | \$0.00                 |           | \$0.00                         |     |            |  |
| 8   | Bc.   | Family support payments that you, a non-filing spouse, or a   | 8c.      | \$ 0.00                |           | \$ 0.00                        |     |            |  |
|   |   | dependent regularly receive   |          |                        |           |                                |     |            |  |
|   |   | Include alimony, spousal support, child support, maintenance, divorce   |          |                        |           |                                |     |            |  |
|   |   | settlement, and property settlement.  |          |                        |           |                                |     |            |  |
| 8   | ßd.   | Unemployment compensation   | 8d.<br>  | \$0.00                 |           | \$0.00                         |     |            |  |
| 8   | Be.   | Social Security   | 8e.<br>  | \$0.00                 | _         | \$0.00                         |     |            |  |
| 8   | ßf.   | Other government assistance that you regularly receive  | 8f.      | \$0.00                 |           | \$0.00                         |     |            |  |
|   |   | Include cash assistance and the value (if known) of any non-cash  |          |                        |           |                                |     |            |  |
|   |   | assistance that you receive, such as food stamps (benefits under the  |          |                        |           |                                |     |            |  |
|   |   | Supplemental Nutrition Assistance Program) or housing subsidies.  |          |                        |           |                                |     |            |  |
|   | ۰   | Specify:  | 0        | <b>#244.50</b>         |           | <b>#0.00</b>                   |     |            |  |
|   | Bg.   | Pension or retirement income  | 8g       | \$314.50               | _         | \$0.00                         |     |            |  |
|   |   | Other monthly income. Specify:  | 8h.<br>  | \$0.00                 | _         | \$0.00                         |     |            |  |
| 9. <i>I</i>   | Aaa   | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9        | \$2,760.50             |           | \$0.00                         |     |            |  |
| 10. <b>C</b>  | Calc  | ulate monthly income. Add line 7 + line 9.  | 10.      | \$6,273.23             |           | \$0.00                         | . Г | \$6,273.23 |  |
| A   | Add 1   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | L        | ψο,Ξ: ο: <u>Ξ</u> ο    |           | ψοίου                          | L   | Ψ0,270.20  |  |
| l:<br>C   | State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify: |   |          |                        |           |                                |     |            |  |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. |   |   |          |                        |           |                                |     | 40.272.22  |  |
|   |   | that amount on the Summary of Schedules and Statistical Summary of Ce   |          | s and Related Data, if | t applie: | S                              | 12. | \$6,273.23 |  |
| _   | χ   | ou expect an increase or decrease within the year after you file this form<br>No.<br>/es. Explain:                                | ?        |                        |           |                                |     |            |  |

| Check if this is:   Treatment   Treatmen   | Fill in this ir | formation to identify you  | ur case:                    |                              |                                    |                      |   |
|--|-----------------|----------------------------|-----------------------------|------------------------------|------------------------------------|----------------------|---|
| Description   State   Secondary   Se   | Debtor 1        | Otis                       | James                       | Whitten                      | Check if this is                   | 3:                   |   |
| Secure State   Textures   Statutes   Statu   |                 | First Name                 | Middle Name                 | Last Name                    |                                    | •                    |   |
| United Blaces Barkuptley Court on the:MORTHERN DISTRICT OF BLINDIS   |                 | First Name                 | Middle Name                 | Last Name                    |                                    |                      |   |
| Official Form B 6J  Schedule J: Your Expenses  12/14  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space in needd, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  It is this a joint case?    No. Go to line 2.   | United States   | Bankruptcy Court for the : | NORTHERN DISTRICT (         | DF ILLINOIS                  |                                    |                      | 24.0.   |
| Schedule J: Your Expenses  12/14  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space in need, attach another sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question.  It is this a joint case?    Vest Describe Your Mousehold  1. Is this a joint case?   Vest Debtor 2 live in a separate household?   Vest Debtor 2 must file a separate Schedule J.  2. Do you have dependents?   No. Go to line 2.  |                 | r                          |                             | _                            | MM / DD                            | / YYYY               |   |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct Information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:  | Official F      | orm B 6.I                  |                             |                              |                                    | -                    |   |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Value   Describe Your Household  |                 |                            |                             |                              | maintains                          | s a separate nouse   |   |
| more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    27  |                 |                            |                             | le are filing together, both | are equally recognible for europ   | lying correct inform |   |
| 1. Is this a joint case?  X No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No.  Yes. Debtor 2 must file a separate Schedule J.  2. Do you have dependents?  Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents'  Do not state the dependents'  Do not state the dependents'  No.  Yes.  X No. | more space is   |                            |                             |                              |                                    |                      |   |
| X   No. Go to line 2.   Yes. Does Debtor 2 live in a separate household?   No.   No.   No.   Yes. Debtor 2 must file a separate Schedule J.  | Part 1:         | Describe Your Household    |                             |                              |                                    |                      |   |
| Yes. Does Debtor 2 live in a separate household?   No.   Yes. Debtor 2 must file a separate Schedule J.  | 1. Is this a jo | int case?                  |                             |                              |                                    |                      |   |
| No.   Yes. Debtor 2 must file a separate Schedule J.   |                 |                            |                             |                              |                                    |                      |   |
| 2. Do your expenses include expendents?  Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' each dependent   | Yes.            |                            | eparate household?          |                              |                                    |                      |   |
| Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Do not state the dependents' names.  Do not state the dependents' names.  3. Do your expenses include expenses of people other than yourself and your dependents?  Post 2.  Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  Your expenses  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$145.43  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses   |                 |                            | file a separate Schedu      | le J.                        |                                    |                      |   |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Do your expenses include expenses of people other than yourself and your dependents?  Estimate Your Ongoing Monthly Expenses  Estimate your oxpenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  Your expenses  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$145.43  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  | 2. Do you       | have dependents?           | X No                        |                              | Dependent's relationship to        | Dependent's          | Does dependent live                             |
| Debtor 2. each dependent   | Do not li       | st Debtor 1 and            | H                           | this information for         |                                    |                      |   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    State   Sta |                 |                            |                             |                              |                                    |                      | X No  |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate Your Ongoing Monthly Expenses  Estimate Your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy liftling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4a. \$145.43  4b. Property, homeowner's, or renter's insurance  4b. \$82.00  4c. Home maintenance, repair, and upkeep expenses  |                 | tate the dependents'       |                             |                              |                                    |                      |   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Stimate Your Ongoing Monthly Expenses   | names.          |                            |                             |                              |                                    |                      |   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$145.43  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  |                 |                            |                             |                              |                                    |                      |   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                 |                            |                             |                              |                                    |                      |   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Estimate Your Ongoing Monthly Expenses  |                 |                            |                             |                              |                                    |                      | <del>                                    </del> |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  |                 |                            |                             |                              |                                    |                      |   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Estimate Your Ongoing Monthly Expenses  Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4a. \$145.43  4b. Property, homeowner's, or renter's insurance  4b. \$82.00  4c. Home maintenance, repair, and upkeep expenses  |                 |                            |                             |                              |                                    |                      |   |
| expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |                 |                            |                             |                              |                                    |                      | Yes   |
| Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses   |                 | -                          | X No                        |                              |                                    |                      |   |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. \$50.00  |                 | • •                        | Yes                         |                              |                                    |                      |   |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses   | Part 2:         | Estimate Your Ongoing Mo   | nthly Expenses              |                              |                                    |                      |   |
| the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  | _               | -                          |                             |                              |                                    | -                    |   |
| of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  |                 |                            | ptcy is filed. If this is a | supplemental Schedule J,     | check the box at the top of the fo | orm and fill in      |   |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$780.83  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$50.00   |                 |                            | =                           | =                            |                                    | ,                    | Vour avnances                                   |
| any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$780.83  4a. \$145.43  4b. \$82.00   |                 |                            |                             | ·                            | •                                  |                      | Tour expenses                                   |
| If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$145.43  4b. \$82.00  4c. \$50.00   |                 | · ·                        | xpenses for your resid      | ence. Include first mortgage | e payments and                     | Δ                    | \$780 83  |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$50.00   | _               | -                          |                             |                              |                                    | ₹.                   | Ψ, σσσσ   |
| 4c. Home maintenance, repair, and upkeep expenses 4c. \$50.00  | 4a. Re          | eal estate taxes           |                             |                              |                                    | 4a.                  | \$145.43  |
|  | 4b. Pr          | operty, homeowner's, or re | enter's insurance           |                              |                                    | 4b.                  | \$82.00   |
| 4d. Homeowner's association or condominium dues 4d. \$0.00   | 4c. Ho          | ome maintenance, repair,   | and upkeep expenses         |                              |                                    | 4c.                  | \$50.00   |
|  | 4d. Ho          | omeowner's association or  | condominium dues            |                              |                                    | 4d.                  | \$0.00  |

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Last Name

Case Number (if known) \_\_

Document Otis **James** 

Middle Name

Debtor 1

First Name

Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$185.00 6a. 6a. Electricity, heat, natural gas \$87.31 6b. Water, sewer, garbage collection \$60.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$300.00 7. 7. Food and housekeeping supplies \$0.00 8. 8. Childcare and children's education costs \$100.00 9. Clothing, laundry, and dry cleaning 10. \$70.00 Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$425.00 **Transportation.** Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$10.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations 14. \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a Life insurance \$0.00 15b. Health insurance 15b. \$39.06 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$0.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form B 6I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. \$ 0.00 20a. Mortgages on other property 20a. 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e 20e. Homeowner's association or condominium dues

Official Form 6J Record # 675613 Schedule J: Your Expenses Page 2 of 3 Case 15-41333 Doc 1 Filed 12/07/15 Entered 12/07/15 14:49:54 Desc Main Document Page 39 of 72

Otis

James

Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$170.57 21. Other. Specify: Pet Care (\$50.00), Union Dues (\$69.00), ADT (\$51.57), 21. \$4,847.26 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$6,273.23 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$4,847.26 23b. Copy your monthly expenses from line 22 above. 23b.-\$1,425.97 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 6J Record # 675613 Schedule J: Your Expenses Page 3 of 3 

| Fill in this in           | formation to ident   | tify your case:                   |                              |
|---------------------------|----------------------|-----------------------------------|------------------------------|
| Debtor 1                  | Otis                 | James                             | Whitten                      |
|                           | First Name           | Middle Name                       | Last Name                    |
| Debtor 2                  |                      |                                   |                              |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name                    |
| United States             | Bankruptcy Court for | the : <u>NORTHERN</u> District of | _ <u>ILLINOIS</u><br>(State) |
| Case Number<br>(If known) | r                    |                                   | _                            |

### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT a     | an attorney to help you fill out bankruptcy forms?  |
| No   |   |
| Yes. Name of Person                                  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
| Under penalty of periury, I declare that I have read | the summary and schedules filed with this declaration and that they are true and              |
| correct.   |   |
| ★ /s/ Otis James Whitten                             | ×   |
| Signature of Debtor 1                                | Signature of Debtor 2   |
| Date 12/02/2015                                      | Date  |
| MM / DD / YYYY                                       | MM / DD / YYYY  |

| Fill in this in     | formation to ide                          | ntify your case:                     |                    |  |
|---------------------|---|--------------------------------------|--------------------|--|
| Debtor 1            | Otis                                      | James                                | Whitten            |  |
|                     | First Name                                | Middle Name                          | Last Name          |  |
| Debtor 2            | ·   |                                      |                    |  |
| (Spouse, if filing) | First Name                                | Middle Name                          | Last Name          |  |
|                     | Bankruptcy Court for Bistrict of ILLINOIS | or the : <u>NORTHERN DISTRICT OF</u> | F ILLINOIS EASTERN |  |
| Case Number         | r   |                                      | (State)            |  |
| (If known)          |   |                                      | _                  |  |

### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|     | er (if known). Answer every question.  It 1: Give Details About Your Marital Status and Where Y   | ou Lived Before               |                  |                               |
|-----|---|-------------------------------|------------------|-------------------------------|
| 01. | What is your current marital status?  Married  Not married  |                               |                  |                               |
|     | During the last 3 years, have you lived anywhere other that No.  Yes. List all of the places you lived in the last 3 years. D   | -                             |                  |                               |
|     | Debtor 1  | Dates Debtor 1<br>lived there | Debtor 2:        | Dates Debtor 2<br>lived there |
|     |   | From<br>To                    | Same as Debtor 1 | Same as Debtor 1  From To     |
|     |   | From<br>To                    | Same as Debtor 1 | Same as Debtor 1  From To     |
|     | Within the last 8 years, did you ever live with a spouse or property states and territories include Arizona, California, and Wisconsin.)  No.  Yes. Make sure you fill out Schedule H: Your Codebtors | , Idaho, Louisiana, Ne        |                  |                               |

Entered 12/07/15 14:49:54 Desc Main Case 15-41333 Doc 1 Filed 12/07/15 Page 42 of 72 Document Debtor 1 Otis James Whitten Case Number (if known) \_ First Name Middle Name Last Name Part 2: **Explain the Sources of Your Income** Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, \$ \$ 44,296 Wages, commissions, From January 1 of current year until \$\_\$ bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$ \$ 51,987 For last calendar year: \$\$ bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business Wages, commissions, \$ \$ 46,198 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2013) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below (before deductions and Describe below. (before deductions and exclusions) exclusions) Widow Pension Rental Income \$<u>\$29,</u>352 \$ \$ 3,774 From January 1 of current year until the date you filed for bankruptcy: Widow Pension \$ \$ 1,258 Rental Income \$\$29,669 For last calendar year: (January 1 to December 31, 2014) Widow Pension Rental Income For last calendar year: \$\$0 \$\$13,070 (January 1 to December 31, 2013)

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Document

Debtor 1 Otis James Whitten Case Number (if known) \_ First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 06 Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?  $\square$  No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Fifth Third Bank 10/01/2015 \$ \$75,043 Mortgage ☐ Car 5050 Kingsley Dr 11/01/2015 Credit card 12/01/2015 Cincinnati, OH 45227 Loan repayment Suppliers or vendors Other Nationstar Mortgage 10/01/2015 \$ \$ 780 \$ \$ 113,419 Mortgage Car 8950 Cypress Waters Blvd 11/01/2015 Credit card Coppell, TX 75019 12/01/2015 Loan repayment Suppliers or vendors Other\_\_\_ 10/01/2015 \$ \$46,686 Mortgage PHH Mortgage Services \$ \$ 580 Car 11/01/2015 PO Box 0112 Credit card 12/01/2015 Palatine, IL 60055 ☐ Loan repayment Suppliers or vendors Other \_\_\_

Record # 675613

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Whitten Debtor 1 Otis James Case Number (if known) \_ First Name Middle Name Last Name Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe \$\_ Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider. Dates of Reason for this payment **Total amount** Amount you still payment Include creditor's name \$\_

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Debtor 1 Otis Document Whitten Page 45 of 72

Case Number (if known)

Last Name

Middle Name

| Nithin 1 year before you filed for bankruptcy, wer<br>List all such matters, including personal injury cas   | e you a party in any lawsuit, courses, small claims actions, divorce   | rt action, or administrative proes, collection suits, paternity a | ceeding?<br>ctions, support or cus | stody  |
|--|--|---|------------------------------------|--|
| modifications, and contract disputes.  |  |   |                                    |  |
| Yes. Fill in the details.  |  |   |                                    |  |
| _  | Nature of the case   | Court or agency   |                                    | Status of the case                           |
| Illinois Service Federal v. Otis J. Whitten  | Foreclosure  | Cook County Circuit   | Court                              | Pending                                      |
| 15CH10990  |  |   |                                    | On appeal                                    |
|  |  |   |                                    | Concluded                                    |
|  |  |   |                                    |  |
|  |  |   |                                    |  |
|  |  |   |                                    |  |
|  |  |   |                                    |  |
|  |  |   |                                    | П  |
|  |  | -   |                                    | Pending                                      |
|  |  |   |                                    | ☐ On appeal ☐ Concluded                      |
|  |  |   |                                    | ☐ Concluded                                  |
|  |  |   |                                    |  |
|  |  |   |                                    |  |
|  |  |   |                                    |  |
|  |  |   |                                    |  |
| Check all that apply and fill in the details below.  No. Go to line 11   | s any of your property repossesse  | ed, foreclosed, garnished, atta                                   | ached, seized, or levi             | ed?  |
| Check all that apply and fill in the details below.  No. Go to line 11   | e any of your property repossesses any of your property repossesses  | ed, foreclosed, garnished, atta                                   | ached, seized, or levi             |  |
| theck all that apply and fill in the details below.  No. Go to line 11   |  | ed, foreclosed, garnished, atta                                   |                                    |  |
| Check all that apply and fill in the details below.  No. Go to line 11   |  | ed, foreclosed, garnished, atta                                   |                                    | Value of the proper                          |
| theck all that apply and fill in the details below.  No. Go to line 11   |  | ed, foreclosed, garnished, atta                                   |                                    | Value of the proper                          |
| heck all that apply and fill in the details below.  No. Go to line 11  | Describe the property  | ed, foreclosed, garnished, atta                                   |                                    | Value of the proper                          |
| heck all that apply and fill in the details below.  No. Go to line 11  | Describe the property  Explain what happened   |   |                                    | Value of the proper                          |
| heck all that apply and fill in the details below.  No. Go to line 11  | Describe the property  Explain what happened  Property was reposse   | ssed.   |                                    | Value of the proper                          |
| theck all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos   | essed.  |                                    | Value of the proper                          |
| theck all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos   | essed.<br>ed.<br>ed.  |                                    | Value of the proper                          |
| heck all that apply and fill in the details below.  No. Go to line 11  | Explain what happened Property was reposse Property was foreclos Property was garnishe   | essed.<br>ed.<br>ed.  |                                    | Value of the proper                          |
| heck all that apply and fill in the details below.  No. Go to line 11  | Explain what happened Property was reposse Property was foreclos Property was attached   | essed.<br>ed.<br>ed.  | Date                               | Value of the proper                          |
| theck all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos Property was attached   | essed.<br>ed.<br>ed.  | Date                               | Value of the proper \$  Value of the proper  |
| Check all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos Property was attached   | essed.<br>ed.<br>ed.  | Date                               | Value of the proper \$  Value of the proper  |
| Check all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos Property was garnishe Property was attached Describe the property   | essed.<br>ed.<br>ed.  | Date                               | Value of the proper \$  Value of the proper  |
| Check all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos Property was attached Property was attached Explain what happened   | essed.<br>ed.<br>ed.<br>d, seized, or levied.                     | Date                               | Value of the proper \$  Value of the proper  |
| Check all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos Property was garnishe Property was attached Describe the property  Explain what happened Property was reposse   | essed. ed. ed. d, seized, or levied.                              | Date                               | Value of the properts  Value of the property |
| Check all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos Property was garnishe Property was attached Describe the property  Explain what happened Property was reposse   | essed. ed. ed. d, seized, or levied.                              | Date                               | Value of the properts  Value of the property |
| Within 1 year before you filed for bankruptcy, was Check all that apply and fill in the details below.  No. Go to line 11  Yes. Fill in the information below. | Explain what happened Property was reposse Property was foreclos Property was attached Property was attached Explain what happened Property was reposse Property was reposse Property was foreclos                         | essed. ed. ed. d, seized, or levied. essed. essed. ed. ed.        | Date                               | Value of the propert \$ Value of the proper  |
| Check all that apply and fill in the details below.  No. Go to line 11   | Explain what happened Property was reposse Property was foreclos Property was attached Property was attached Describe the property  Explain what happened Property was reposse Property was foreclos Property was garnishe | essed. ed. ed. d, seized, or levied. essed. essed. ed. ed.        | Date                               | Value of the proper \$  Value of the proper  |

First Name

Record # 675613

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Whitten Debtor 1 Otis James Case Number (if known) \_ First Name Middle Name Last Name Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No. Go to line 11 Yes. Fill in the information below. Describe the action the creditor took Date action Amount was taken Last 4 digits of account number: XXXX-12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No. Yes. **List Certain Gifts and Contributions** Part 5: Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you Value per person gave the gifts Person's relationship to you Dates you Gifts with a total value of more than \$600 Describe the gifts Value per person gave the gifts Person's relationship to you

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| Debtor      | 1      | Otis  | James                  | Whitten  | Case Number (if kr.           | own)                                    |  |
|-------------|--------|---|------------------------|--|-------------------------------|---|--|
|             |        | First Name                                  | Middle Name            | Last Name  |                               | ,                                       |  |
| 14 V        | Vith   | nin 2 vears before vou filed                | for bankruptcy, did v  | ou give any gifts or contributions v                                 | with a total value of more th | an \$600 to anv cl                      | narity?  |
|             |        |   |                        |  |                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | •  |
| ļ           |        | No.   |                        |  |                               |   |  |
| L           |        | Yes. Fill in the details for each           | cn giπ.                |  |                               |   |  |
|             |        | Gifts or contributions to ch                | narities that          | Describe what you contributed  |                               | Date you                                | Value  |
|             |        | total more than \$600                       |                        |  |                               | contributed                             |  |
|             |        |   |                        |  |                               |   | \$   |
|             |        |   |                        |  |                               |   | Ψ  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
| Par         | t 6:   | List Certain Losses                         |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        | •   | or bankruptcy or sind  | ce you filed for bankruptcy, did you                                 | lose anything because of t    | heft, fire, other di                    | saster, or   |
| ç           | jam    | nbling?                                     |                        |  |                               |   |  |
|             |        | No.   |                        |  |                               |   |  |
| [           | $\Box$ | Yes. Fill in the details for each           | ch gift.               |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        | Describe the property you the loss occurred | lost and how           | Describe any insurance coverage<br>Include the amount that insurance |                               | Date of your loss                       | Value of property lost                             |
|             |        | lilo 1000 000ui 10u                         |                        |  | o nao parar 210t              | 1000                                    |  |
|             |        |   |                        |  |                               |   | \$   |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
| Par         | í 7    | List Certain Payments of                    | or Transfers           |  |                               |   |  |
| 16 <b>v</b> | Vith   | hin 1 year before you filed f               | or bankruptcy, did yo  | ou or anyone else acting on your be                                  | half pay or transfer any pro  | perty to anyone                         | you consulted                                      |
|             |        | ut seeking bankruptcy or p                  |                        | = =  |                               |   |  |
|             |        |   | otcy petition preparer | s, or credit counseling agencies for                                 | r services required in your i | oankruptcy.                             |  |
| [           |        |   |                        |  |                               |   |  |
|             | •      | Yes. Fill in the details                    |                        |  |                               |   |  |
|             |        | Danta Oanta et Infa                         |                        | Description and relative of any age                                  |                               | Data manuscrit                          | A  |
|             | ľ      | Party Contact Info                          |                        | Description and value of any pro                                     | perty transferred             | Date payment<br>or transfer             | Amount of payment                                  |
|             |        |   |                        |  |                               |   |  |
|             |        | Geraci Law L.L.C.                           | <del></del>            |  |                               | 2015                                    | \$ <u>Payment/Value:</u><br>\$4,000.00: \$1,200.00 |
|             |        | 55 E. Monroe Street #3400                   | )                      |  |                               |   | paid prior to filing,                              |
|             |        | Chicago,IL 60603                            |                        |  |                               |   | balance to be paid                                 |
|             |        |   |                        |  |                               |   | through the plan.                                  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |
|             |        |   |                        |  |                               |   |  |

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 Debtor 1
 Otis
 James
 Whitten
 Case Number (if known)

 First Name
 Middle Name
 Last Name

|    |     | Party Contact Info   |         | Description and value of any property tra      | nsferred                                 | Date payment or transfer       | Amount         | of payment             |
|----|-----|--|---------|--|--|--------------------------------|----------------|------------------------|
|    |     | Hananwill Credit Counseling  |         | Credit Counseling Services                     |  | 2015                           | \$\$25.00      |                        |
|    |     |  |         |  |  | 20.0                           | ¥ <u>+====</u> |                        |
|    |     | Robinson, IL 62454   |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
| 17 | pro | thin 1 year before you filed for bankruptcy,<br>omised to help you deal with your creditors<br>onot include any payment or transfer that y | or to r | nake payments to your creditors?               | or transfer any pr                       | operty to anyone w             | /ho            |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     | No. Yes. Fill in the details.  |         |  |  |                                |                |                        |
|    | Ч   |  |         |  |  |                                |                |                        |
|    |     |  |         | Description and value of any property transfer |  | e payment or<br>nsfer was made | Amount         | of payment             |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                | \$             |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
| 18 |     | thin 2 years before you filed for bankruptcy<br>e ordinary course of your business or finan  |         |  | pperty to anyone, o                      | other than property            | transferre     | d in                   |
|    |     | e ordinary course of your business or infan-<br>clude both outright transfers and transfers i  |         |  | ity interest or mort                     | tgage on your prop             | erty). Do r    | not                    |
|    | inc | clude gifts and transfers that you have alrea  | dy list | ed on this statement.                          |  |                                |                |                        |
|    | _   | No.  |         |  |  |                                |                |                        |
|    |     | Yes. Fill in the details for each gift.  |         |  |  |                                |                |                        |
|    |     |  |         | Description and value of property              | Describe any prope                       | rty or payments recei          | ved            | Date transfer          |
|    |     |  |         | transferred                                    | or debts paid in exc                     | change                         |                | was made               |
|    |     |  | _       |  |  |                                |                |                        |
|    |     |  | -       |  |  |                                |                |                        |
|    |     |  | _       |  |  |                                |                |                        |
|    |     |  | -       |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |
|    |     | Person's relationship to you   | _       |  |  |                                |                |                        |
|    |     |  |         | Description and value of property transferred  | Describe any proper or debts paid in exc | rty or payments receive        | ved            | Date transfer was made |
|    |     |  |         | ualisierieu                                    | or debts paid in exc                     | nange                          |                | was made               |
|    |     |  | -       |  |  |                                |                |                        |
|    |     |  | _       |  |  |                                |                |                        |
|    |     |  | -       |  |  |                                |                |                        |
|    |     |  | -       |  |  |                                |                |                        |
|    |     | Demonto relationship to trace  |         |  |  |                                |                |                        |
|    |     | Person's relationship to you   | -       |  |  |                                |                |                        |
|    |     |  |         |  |  |                                |                |                        |

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| Debtor | 1 Otis   | James  | Whitten   | Case  | Number (if known)                                    |  |                           |
|--------|--|--|---|---|--|--|---------------------------|
|        | First Name   | Middle Name  | Last Name   |   |  |  |                           |
|        |  | e you filed for bankrup<br>re often called asset-p | tcy, did you transfer any property<br>rotection devices.)   | to a self-settled trust or                    | similar device of which                              | you are a                                  |                           |
|        | Yes. Fill in the deta  | ils for each gift.                                 |   |   |  |  |                           |
|        |  |  | Description and value of the pro  | perty transferred                             |  |  | Date transfer<br>vas made |
|        |  |  |   |   |  | -  |                           |
|        |  |  |   |   |  |  |                           |
| Par    | List Certain Fi  | nancial Accounts, Instr                            | uments, Safe Deposit Boxes, and St  | orage Units                                   |  |  |                           |
| s<br>I | old, moved, or transf<br>nclude checking, sav                          | erred?<br>ings, money market, o                    | y, were any financial accounts or<br>or other financial accounts; certific<br>ciations, and other financial institu | cates of deposit; shares i                    | -  |  |                           |
|        | Yes. Fill in the deta  | ils.   |   |   |  |  |                           |
|        |  |  | Last 4 digits of account number   | Type of account or instrument                 | Date account was closed, sold, moved, or transferred | Last balance before<br>closing or transfer |                           |
|        |  |  | XXX   | Checking Savings Money market Brokerage Other |  | \$   |                           |
|        |  |  | xxx   | Checking Savings Money market Brokerage Other |  | \$   |                           |
| c      | Do you now have, or clash, or other valuable No. Yes. Fill in the deta | es?  | year before you filed for bankrupto   | cy, any safe deposit box o                    |  | securities,<br>Do you still                |                           |
|        |  |  | WITO else flau access to it?  | Describe the conte                            | mis  | have it?                                   |                           |
|        |  |  |   | _   |  | No   |                           |
|        |  |  |   | _   |  | Yes  |                           |
|        |  |  |   | _   |  |  |                           |
|        |  |  |   | _   |  |  |                           |
|        |  |  |   |   |  |  |                           |
|        |  |  |   |   |  |  |                           |
|        |  |  |   |   |  |  |                           |
|        |  |  |   |   |  |  |                           |
|        |  |  |   |   |  |  |                           |
|        |  |  |   |   |  |  |                           |
|        |  |  |   |   |  |  |                           |

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Whitten Debtor 1 Otis **James** Case Number (if known) \_ First Name Middle Name Last Name 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? ☐ No Yes **Identify Property You Hold or Control for Someone Else** 23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No. Yes. Fill in the details. Value Where is the property? Describe the property **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. <sup>24</sup> Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice

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Whitten Debtor 1 Otis James Case Number (if known) \_\_\_\_ First Name Middle Name Last Name 25 Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice <sup>26</sup> Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Fill in the details. Court or agency Nature of the case Status of the case Give Details About Your Business or Connections to Any Business Part 11: 27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. JPC Investment, LLC Describe the nature of the business Employer Identification number Do not include Social Security number or 9640 S. University Ave, Rental Property Management Chicago, IL 60628 Name of accountant or bookkeeper Dates business existed Otis J. Whitten 1997-Present Describe the nature of the business Employer Identification number Do not include Social Security number or EIN: Name of accountant or bookkeeper Dates business existed From \_\_\_\_\_ To \_\_\_\_

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| Debtor 1   | Otis  | James          | Whitten                                      | Case Number (if known)  |
|------------|---|----------------|--|---|
| JODIOI 1   | First Name  | Middle Name    | Last Name                                    | Case Hambel (# Mown)  |
|            |   |                | Describe the nature of the business          | Employer Identification number  |
|            |   |                |  | Do not include Social Security number or  |
|            |   |                |  | EIN:  |
|            |   |                |  | LIN   |
|            |   |                | Name of accountant or bookkeeper             | Dates business existed  |
|            |   |                |  |   |
|            |   |                |  | From To   |
|            |   |                |  |   |
|            | hin 2 years before you file<br>titutions, creditors, or oth | -              | tcy, did you give a financial statement to a | nyone about your business? Include all financial  |
|            | No.   |                |  |   |
|            | Yes. Fill in the details.                                   |                |  |   |
|            |   |                | Date issued                                  |   |
|            |   |                |  |   |
|            |   |                |  |   |
|            |   |                |  |   |
| •          |   |                |  |   |
| •          |   |                |  |   |
|            |   |                |  |   |
|            |   |                |  |   |
|            |   |                |  |   |
| Part 12    | Sign Below  |                |  |   |
|            |   |                |  |   |
|            |   |                | <del>_</del>                                 | d I declare under penalty of perjury that the<br>roperty, or obtaining money or property by fraud |
| in co      | nnection with a bankrupt                                    | cy case can re | sult in fines up to \$250,000, or imprisonme |   |
| 18 U.      | S.C. §§ 152, 1341, 1519, a                                  | nd 3571.       |  |   |
|            |   |                |  |   |
| <b>v</b>   | /s/ Otis James Whitter                                      | า              | ×  |   |
| •          | Signature of Debtor 1                                       | <u> </u>       | Signature of Deb                             | otor 2  |
|            | -   |                | -  |   |
|            | Date 12/02/2015   |                | Date   |   |
|            | MM / DD / YYYY  | _              |  | ) / YYYY  |
|            |   |                |  |   |
| Did y      | ou attach additional page                                   | s to Your Stat | ement of Financial Affairs for Individuals F | Filing for Bankruptcy (Official Form 107)?  |
|            |   |                |  |   |
|            |   |                |  |   |
| □ <i>y</i> | 'es   |                |  |   |
| Did y      | ou pay or agree to pay so                                   | omeone who is  | not an attorney to help you fill out bankru  | ptcy forms?   |
| N          | lo  |                |  |   |
| □ A        | es. Name of person  |                | ·  | Attach the Bankruptcy Petition Preparer's Notice,   |
|            |   |                |  | Declaration, and Signature (Official Form 119).   |

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## Document Page 53 of 72 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Otis James Whitten / Debtor Bankruptcy Docket #: Judge:

|     | DISCLOSURE OF COI   | MPENSATION OF ATTORNEY FOR DEBTOR - 20  | 16B   |  |
|-----|---|---|---|--|
|     | at compensation paid to me within one year                                | I. Bankr. P. 2016(b), I certify that I am the attorney for the above not before the filing of the petition in bankruptcy, or agreed to be paid (s) in contemplation of or in connection with the bankruptcy case is as follows: |   |  |
|     | The compensation paid or promised by the D                                | Debtor(s), to the undersigned, is as follows:   |   |  |
|     | For legal services, Debtor(s) agrees to pay and                           | d I have agreed to accept   | \$4,000.00                                      |  |
|     | Prior to the filing of this Statement, Debtor(s) h                        | as paid and I have received   | \$1,200.00<br>————————————————————————————————— |  |
|     | The Filing Fee has been paid.   | Balance Due   | \$2,800.00                                      |  |
| 2.  | The source of the compensation paid to me w                               | vas:  |   |  |
|     | Debtor(s) Other: (specify)  |   |   |  |
| 3.  | The source of compensation to be paid to me                               | on the unpaid balance, if any, remaining is:  |   |  |
|     | Debtor(s) Other: (specify)  |   |   |  |
|     | The undersigned has received no transformation value stated: <b>None.</b> | fer, assignment or pledge of property from the debtor(s) except the   | e following for the                             |  |
| 1.  |   | share with any other entity, other than with members of the undersigned's law hout the client's consent, except as follows: <b>None.</b>  |   |  |
| 5.  | The Service rendered or to be rendered inclu                              | ude the following:  |   |  |
| a)  | Analysis of the financial situation, and renderi under Title 11, U.S.C.   | ng advice and assistance to the client in determining whether to file a petition  |   |  |
| b)  | •   | es, statement of affairs and other documents required by the court.   |   |  |
| (c) | •   | creditors.  |   |  |
| (d) | Advice as required.   |   |   |  |
|     |   |   |   |  |
|     |   |   |   |  |
|     |   | CERTIFICATION   |   |  |
|     |   | I certify that the foregoing is a complete statement of any agreement of for payment to me for representation of the debtor(s) in this bankruptor.  | -   |  |
|     |   | Respectfully Submitted,   |   |  |
| D   | ate: 12/02/2015   | /s/ Lisa LaShawn Haley  |   |  |
|     |   | Lisa LaShawn Haley  |   |  |
|     |   | GERACI LAW L.L.C. 55 E. Monroe Street #3400   |   |  |
|     |   | Chicago II COCO2  |   |  |

Chicago, IL 60603

Phone: 312-332-1800 Fax: 877-247-1960

Record # 675613 Page 1 of 1 B6F (Official Form 6F) (12/07)

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



Desc Main

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.



- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

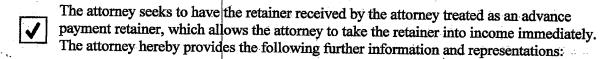


# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



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- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

## E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

# F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4.000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00

| 3. Before signing this agreement, the  | e attorney has received | <b>,\$</b>    |                |
|--|-------------------------|---------------|----------------|
| toward the flat fee, leaving a balance | e due of \$             | and \$ 310.00 | _for expenses. |
| leaving a balance due for the filing f | ee of \$_0.00           |               |                |



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4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 10/27/2015

Signed:

Debtor(s)

Co-Debtor(s)

Do not sign this agreement if the amounts are blank.

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National Headquarters: 55 E. Monroe Street, #3400 Chicago, IL 60603 1-866-925-1313 help@geracilaw.com

Date: 10/27/2015

Consultation Attorney: JMV

Record #: 675-613

Attorney - Client Agreement

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 13 bankruptcy under the following terms and conditions. I have signed and received a copy the "Court Approved Retention Agreement" (CARA) between Chapter 13 Debtors and their Attorneys" as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. understand I must comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be the fee stated in the CARA I have received the 11 U.S.C § 527(a) disclosures. I have been advised of my chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. More than one attorney and paralegal will work on my case.

FEES: This does NOT INCLUDE court filling fees of \$310, costs for credit counseling or financial management classes. Any amount not paid prior to the case being filed shall be paid through the Chapter 13 Trustee. These fees are fixed, but the attorneys may apply to the court for additional fees if allowed by the CARA or other circumstances, such as extended evidentiary hearings, contested adversary proceedings or

appeals. If the Court awards additional fees, they will also be paid through the Chapter 13 Trustee. Fees are "flat fees" and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees pwed by me if case is not filed. No other work: Geraci Law is not representing me in state or other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankrutpcy is my responsibility. Injury or other claims or property I must disclose any such claims or propery I now have or acquire after filing Chapter 13 to both the Chapter 13 trustee and to the court in a filed amendment and obtain authority to keep them or pay those claims to the Trustee. per month for months. The payment and length of the plan are based PLAN: The plan payment is estimated to be \$\_ on the information I have provided, including income, expenses, assets and debts. If these amounts are not accurate, my plan payment or duration may need to be increased. In addition, the Court, Chapter 13 Trustee or creditors could object to my proposed Chapter 13 payment, which may cause it to increase. I further understand that if my income or expenses change during my Chapter 13, my plan payment may have to change. Lagree to read my petition and plan and study it before signing it so I know what is included, INCLUDING what I am listing as debts, what my property is, what my assets are and if they are claimed as exempt, and to make full disclosure. My plan payment DOES include the following, unless stated otherwise: mortgage arrears; association arrears; vehicles; tax debt; support obligations that are post due (but not future) parking tickets (not traffic fines); debts pursuant to a divorce decree/marital settlement you listed; other secured debts including furniture, electronics, etc.; all other unsecured debts; other: My plan payment does NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any association fees as long as the property is in my name; other Student loans: are usually NEVER paid 100% in a Chapter 13, but are paid the same percentage as unsecured creditors without interest, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly Debts not discharged if they not paid in full: student loans; educational debts; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud or debts listed in your red folder or found non-dischargeable by a Judge. Representation limited to Bankruptcy Court We do not represent you in state court, or in loan modifications or similar matters. If I am eligible to receive a tax refund during my Chapter 13, I understand I must turn it over to the Chapter 13 Trustee unless I am specifically advised that I do not need to. This may change on a yearly basis, so I must check with my attorneys every year. I also understand that if I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into my Chapter 13 plan. I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. If I fail to remain current in a domestic support obligation, fail to certify to the Court that I have remained current, or if I fail to take my financial management class, that my case may be glosed without a discharge and will be required to pay a fee to have it reopened.

Whitten (Debtor

(Joint Debtor)

Representing Geraci Law L.L.C.

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Otis James Whitten / Debtor | Bankruptcy Docket #: |
|-----------------------------|----------------------|
|                             | Judge:               |

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 12/02/2015 /s/ Otis James Whitten

**Otis James Whitten** 

X Date & Sign

Record # 675613 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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### B 201A (Form 201A) (11/11)

### UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re Otis James Whitten / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 12/02/2015 | /s/ Otis James Whitten       |  |  |
|-------------------|------------------------------|--|--|
|                   | Otis James Whitten           |  |  |
| Dated: 12/02/2015 | /s/ Lisa LaShawn Haley       |  |  |
|                   | Attornev: Lisa LaShawn Halev |  |  |

Record # 675613 Form B 201A, Notice to Consumer Debtor(s) Page 2 of 2

### Case 15-41333 Doc 1

Case Number (if known) Whitten James Debtor 1 Last Name Answer These Questions for Reporting Purpo Part 6: 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." What kind of debts do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? Do you estimate that after any exempt property is ∐No. excluded and administrative expenses ∐Yes. are paid that funds will be available for distribution to unsecured creditors? 25,001-50,000 1,000-5,000 1-49 How many creditors do 50,001-100,000 **5,001-10,000 50-99** you estimate that you More than 100,000 10,001-25,000 100-199 owe? **200-999** □\$500,000,001-\$1 billion □\$1,000,001-\$10 million \$0-\$50,000 How much do you □\$1,000,000,001-\$10 billion \$10,000,001-\$50 million \$50,001-\$100,000 estimate your assets to □\$10,000,000,001-\$50 billion □ \$50,000,001-\$100 million \$100,001-\$500,000 be worth? ☐More than \$50 billion ■ \$100,000,001-\$500 million \$500,001-\$1 million □\$500,000,001-\$1 billion \$1,000,001-\$10 million \$0-\$50,000 How much do you 20. ☐\$1,000,000,001-\$10 billion ☐ \$10,000,001-\$50 million \$50,001-\$100,000 estimate your liabilities □\$10,000,000,001-\$50 billion \$50,000,001-\$100 million \$100.001-\$500.000 to be? More than \$50 billion □ \$100,000,001-\$500 million \$500,001-\$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Under penalty of perjury, I declare that the information Signature of Debtor 2 Signature of De Executed on MM / DD / YYYY

MM / DD /

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Otis James Whitten / Debtor

Bankruptcy Docket #:

Judge:

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed.

|   | the de dilotted.  |
|---|---|
|   | Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.  |
|   | 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must lie a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.  |
| 1 | 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the even days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling equirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent ircumstances here.]  |
| 1 | If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file our bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt nanagement plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the out it is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |
| b | I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied a motion for determination by the court.]  |
|   | Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable realizing and making rational decisions with respect to financial responsibilities.);  |
|   | Disability. (Defined in 11 U.S.C. § 199(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to articipate in a credit counseling briefing in person, by telephone, or through the Internet.);  |
|   | Active military duty in a military combat zone.   |
| d | 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) sees not apply in this district.   |
|   | under penalty of perjury that the information provided above is true and correct.    12   02   12015  |
|   | Otis James Whitten  |

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|                                       |                            | . [                      | Document Pa   | age 66 of 72                 |  |
|---------------------------------------|----------------------------|--------------------------|---|------------------------------|--|
| Fill in this in                       | iformation to identify     | your case:               |   |                              |  |
| Debtor 1                              | Otis                       | James                    | Whitten   |                              |  |
|                                       | First Name                 | Middle Name              | Last Name   | -                            |  |
| Debtor 2<br>(Spouse, if filing)       | First Name                 | Middle Name              | Last Name   | -                            |  |
|                                       | Bankruptcy Court for the : |                          |   |                              |  |
| Case Number                           |                            | . NORTHERN DISTRICT      | of <u>ILLINOIS</u><br>(State)   |                              |  |
| (If known)                            |                            |                          |   |                              | Check if this is an                            |
| · · · · · · · · · · · · · · · · · · · |                            |                          |   |                              | amended filing                                 |
|                                       |                            |                          |   |                              |  |
| Afficial E                            |                            |                          |   |                              |  |
|                                       | orm 106 Dec                |                          |   |                              |  |
| Declarat                              | ion About a                | n Individual             | Debtor's Sche   | dules                        | 12/  |
| two married n                         | eonle are filing togeth    | or both are carrelly     |   |                              | 12/  |
| ***                                   |                            |                          | ponsible for supplying cor  |                              |  |
| ou must file th<br>btaining mone      | is form whenever you       | file bankruptcy schedu   | iles or amended schedules   | s. Making a false statemen   | t, concealing property, or                     |
| ears, or both. 1                      | 8 U.S.C. §§ 152, 1341,     | 1519, and 3571.          | inkruptcy case can result   | in fines up to \$250,000, or | imprisonment for up to 20                      |
|                                       | •                          |                          |   |                              |  |
| s                                     | ign Below                  |                          |   |                              |  |
|                                       |                            |                          |   |                              |  |
| Did you pay                           | or agree to pay somed      | one who is NOT an attor  | rney to help you fill out bar   | nkruptcy forms?              |  |
| No                                    |                            |                          |   |                              |  |
| Yes, Na                               | ame of Person              |                          | · · · · · · · · · · · · · · · · · · ·   | Attach Bankruptc             | y Petition Preparer's Notice, Declaration, and |
|                                       |                            |                          |   | Signature (Officia           | Form 119).                                     |
|                                       |                            |                          |   |                              |  |
|                                       |                            |                          |   |                              |  |
|                                       |                            |                          |   |                              |  |
|                                       |                            |                          |   |                              |  |
| Under penalty<br>correct.             | y of perjury, I declare t  | that I have read the sun | nmary and schedules filed   | with this declaration and    | that they are true and                         |
| Concou                                | 101                        | 7/0//                    |   |                              |  |
| F                                     | K-17/1                     | HHA                      |   |                              |  |
| AA // //                              |                            |                          | Table of the Control |                              |  |
| × ///                                 | of Deletor 1               |                          | Signature of Debt   |                              |  |

Date MM / DD / YYYY

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| eptor 1 Ous  | James                   | Whitten                        | Case Number (if known)                                     |
|--|-------------------------|--------------------------------|--|
| First Name   | Middle Name             | Last Namo                      |  |
|  | Descri                  | be the nature of the business  | Employer Identification number                             |
| <u> </u>   | yana saas               |                                | Do not include Social Security number or                   |
|  |                         |                                |  |
|  | <del></del>             |                                | EIN:   |
|  | <del></del>             |                                |  |
|  | Name of                 | accountant or bookkeeper       | Dates business existed                                     |
|  |                         |                                |  |
|  |                         |                                | From To  |
|  |                         |                                |  |
|  |                         |                                | mananta a sinatunantan menemunika akamanan menemunik atang |
| Within 2 years before you filed  | l for bankruptcy, did y | ou give a financial statemen   | t to anyone about your business? Include all financial     |
| institutions, creditors, or othe   | r parties.              |                                | ,  |
| No.  |                         |                                |  |
| Yes. Fill in the details.  |                         |                                |  |
|  | dings those to          |                                |  |
|  | Date Issu               | ed                             |  |
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| rt 12: Sign Below  |                         |                                |  |
| · Atal de  | AH                      | •                              |  |
| Signature of Debtor 1  | 2000                    | Signature of                   | D. I   |
|  |                         | Signature of                   | Deptor 2   |
| 11,12  |                         |                                |  |
| Date 1 272015<br>MM / DD / YYYY  |                         | Date                           | DD / YYYY  |
| "MM / DD / YYYY  |                         | MM /                           | DD / YYYY  |
|  |                         |                                |  |
| oid you attach additional pages  | to Your Statement of F  | inancial Affairs for Individua | als Filing for Bankruptcy (Official Form 107)?             |
|  |                         |                                | . , ,  |
| No   |                         |                                |  |
| Yes  |                         |                                |  |
|  |                         |                                | •  |
| old you pay or agree to pay som  | eone who is not an att  | orney to help you fill out bar | kruptcy forms?   |
| No   |                         |                                |  |
| <del>_</del>   |                         |                                |  |
| Yes. Name of person  |                         |                                | Attach the Bankruptcy Petition Preparer's Notice,          |
|  |                         |                                | Declaration, and Signature (Official Form 119).            |
| Production of the Control of the Con |                         |                                |  |
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## DISCLAIMER UDENtors have fead and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy.

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case.

  (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District pour meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 ce see. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
  6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors, a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.

tus

- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SIRE OUR PETITION IS ACCURATE!!!!

Dated: 1 1 0 1 12015

**Otis James Whitten** 

X Date & Sign

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Otis James Whitten / Debtor

Bankruptcy Docket #:

Judge:

## VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 100 12015

**Otis James Whitten** 

X Date & Sign

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. IL 16b. Fill in the number of people in your household. 1 16c. Fill in the median family income for your state and size of household. \$49,682.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be a vailable at the bankruptcy clerk's office. 17. How do the lines compare? 17a. \_\_\_ine 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 22C-2). 17b. X ine 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) 18. Copy your total average monthly income from line 11. \$5,088.72 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d. If the marital adjustment does not apply, fill in 0 on line 19a. \$0.00 Subtract line 19a from line 18. \$5.088.72 20. Calculate your current monthly income for the year. Follow these steps: 20a. Copy line 19b.. \$5,088.72 Multiply by 12 (the number of months in a year). x 12 20b. The result is your current monthly income for the year for this part of the form. \$61,064.64 20c. Copy the median family income for your state and size of household from line 16c. ..... \$49,682.00 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordeted by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. X Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below be information on this statement and in any attachments is true and correct. Otis James Whitten Date: 110712015 If you checked line 17a, do NOT fill out or file Form 22C-2. If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Page 71 of 72 Document Debtor 1 James Whitten Case Number (if known) Part 5: Sign Below By signing here, I declare under penalty of period that the information on this statement and in any attachments is true and correct. **Otis James Whitten** Date: Dated: 19 09 12015

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Form B 201A, Notice to Consumer Debtor(s)

In re Otis James Whitten / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the dourt a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 1 07 /2015

Otis James Whitten

X Date & Sign

Dated: 1/2015

Attorney: Lisa LaShawn Haley

Record # 675613